		OR TATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MEN		.0 1	8 2	9 4
ES. ET,	1. DEC	EGISTRAR EASED NAME FIRST OR PRINT)	M 4 m	HARRISON	1 BROW	THING	DATE KNOWN OF ESTI-	MONTH DAY 19	
LEAL DIRECTOR FILL DIRECTOR STREET	Ma 7a. BIF	1 RACE White THPLACE (STATEOR EIGH COUNTRY)	5 DATE OF BIRT MONTH DAY Feb. 7b. CITIZEN OF	YEAR LAST BIRTH	DAY) MONTHS DAYS	R MARRIED 9	DEAD BALTIMORE CITY OF		P HOUR
PAGE 5 F PAGE 5 F FILED, W	Ma 10. CII	ryland YORTOWN OF DEATH	Frede	DSPITAL, NURSING HOA FACILITY, GIVE STREET ADDRESS PTICK MEMO	rial Hosp	ON 120. USUA FOR MO	Frederich LOCCUPATION (TYPE (ST OF WORKING LIFE) LY Farme:	OF WORK 12h, KIND	MD OF BUSINESS NDUSTRY
TH. IF ANY 1, 2, AND 2 SHOULD TAL RECORD	13a. ST M. 14. FA	THER'S NAME	or other institution, NTY ederick MIDDLE Onroe	Mt. Air	Y YES 13d. INSIDE CITY YES 15. MOTHER FIRS	NO X ROUT	AIDDRESS BOS	x 114	mpson
S AFTER DEAD SIVE PAGES THE FORM PA THE FO	16e. W	AS DECEASED EVER IN U.S. AF S. NO, OR UNKNOWN) (IF YES, GIVI NO	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECUR 219 36 4	TY NO. 17. INFORMA	ANT	ADDRESS Browning	Item 1	13
DID BE EXECUTED WITHIN 24 HOUR PENDING" IN PENCIL IN TEAM 18. 18. 18. 24 A MED AS A BURIAL TRANSIT PERMIT. IN THE ALTH AND MENTAL HYGIENE, DREMATION, OR REMOVAL.	NOI	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a) stating the under lying couse last. PART 2 OTHER SIGNIFICANT CONDITION	ED BY: ATE CAUSE (o)	DR AS A CONSEQUENCE	OF	GIVEN IN PART 1 a	iorsal	en Att	ÖXIMANTE INTERVAL
CERTIFICATE SHOULD RITING THE WORD "PER ROED TO THE CHIEF AS SHOULD BE USED E DEPARTMENT OF HEAP PRIOR TO BURIAL, CREIN CARLON	AL CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME HOUR A	OF INJURY .M. MONTH DAY YE.			TURE OF INJURY IN ITEM 18 PA	YES	TOPSY?
THIS CERTIF WRITING VARDED TO VARE 3 SHG ATE DEPAR	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLAC	E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	211. LOCATION STREET	-	CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 217		220. I certify that I taak chordeoth resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	rol causes	Accident Accident Toomas, M	Momicide Homicide TITLE (SPE M.D. DE 8 1. D. ADDRESS F	puty MEDIC 12 Toll rederick	AL EXAMINER House Av.	DATE SIGNED 7.	-9-80
BP	24. FL	IRIAL CREMATION, REMOVAL PRECIFY) Burial INERAL DIRECTOR NAME PLIN L. Moles	7/12/8	Provid		tery Kem	TOWN	COUNTY rederick STRAR'S SIGNATUR	state Md.

Male White Pob. 11,1908 72

Frederick reaction Memorial Hospital Dairy Farmer Dairy

Maryland Frederick 1t. Airy x Route = 7 Box 114

Junes Monroe Browning Nannie Thompson

No 219 36 4216 Marianne B. Browning Itom 13

Burini 7/12/80 Providence Cenderry Manageown, Prederic, Md.

ly filled in b

mpletely ond 2 sho

prior

and Mental Hygiene 18 shows

Item

0

int-tronsit permit.

PHYSICIAN:

STATE OF MARYLAND

-			1 - STATE REGISTRAR	DEPARIN	CERTIFICATE OF DEATH	REG. NO.	0 4	7 3
	e o th		1. DECEASED NAME FIRST (TYPE OR PRINT)	Stuart	Brubaker Jr.	20 DATE OF DEATH MONTH	ZO 80	26 HOUR
E	od -	Dal.	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 H
ge 4	ector urs oft		Male	Cau.	April 22, 1926	54 YRS	MONTHS DAYS	HOURS
9	Po de	ei .	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
death	in 72	5	Maryland	U.S.	WIDOWED DIVORCED	Frederick		
-	4 =	Pa	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND O	F BUSINESS

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY News Paper Carrier Frederick Frederick Memorial Hospital JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 356 E. 3rd St. Frederick Frederick Maryland 15 MOTHER'S MAIDEN NAME 4. FATHER SNAME FIRST MIDDLE Conner Mary Ellen Brubaker Leroy Stewart 166 SOCIAL SECURITY NO ADD RESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Mrs. Helen W. Brubaker 356 E. 3Rd St. YES, NO OR UNKNOWN) W YEWGIVE YATOR DATES) 220-16-2366 Frederick, Md. 21701 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for io light syndian PART I. DEATH WAS CAUSED BY-Conditions, if any, which gave rise ta immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK (1) this hospital) ottended the deceosed fram 22a.1 certify that DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN [22e. ADDRESS

DIRECTOR If Item should be detached with the State Dept FUNERAL MPORTANT 0 230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) 7,23/80 BP. Burial 24 FUNERAL DIRECTOR TUNERAL Home DHMH - 16 60M 1/75 (VRA 15 (4))

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet

23d LOCATION CITY OR TOWN Frederick

Frederick

Md.

1201 N. Market St. Frederick, Md. 2170.

			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1)	8 2	9	6
2	1.41	-	STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 4		6
-			ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN OF ESTI- DEATH MATED	1 23	19 80	26. HOUR
PLEA.	VOUR HIS	1 SEX	RACE S DATE OF BIRTH LAST BIRTHAY LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD	23	YEAR	2d. HOUR
	#8£#3 (OUNTY OF I	DEATH	AAD
AY IS A	A Partie	10 CI	7/11/11/11	VORK 12b. KI	IND OF BU OR INDUSTR	ISINESS RY
21201 F ANY DE	PM 3. RETAIN P. TO 2 SHOULD BE VITAL RECORDS		IAL RESIDENCE (# INNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE ALCOUNTY 13. CITY OR TOWN YES NO 13721 W. G.K. YES NO 13721 W. G.K.	Bar	timor	- 01
MD. 21	A PM 3.	14. FA	ATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE	14.	LAST	0 70
BALTIMORE,	B. GEF PAGE B. GEF PAGE WITH FORM WITH FORM DIVISION OF	160. V	WAS DECEASED EVER IN U.S. ARMED FORCES? (166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (175, NO, OR UNKNOWN) (17 YES, GIVE WAR OR DATES) ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	£,	nd	1
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BAL	ACCINING THE STATE OF THE STATE	7	18. CAUSE OF DEATH (Enter only one cause particle for a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a) stating the under-	BETY	APPROXIMATE IWEEN ONSE	E INTERVAL T AND DEATH
SPE EXECUTED	"PENDING" IN PRESENTING AS A BURIAL SED AS A BURIAL SED AS A BURIAL CREMATION, OR	NO	lying cause last: (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).			
ITAL REC	WORD "PEN WORD "PEN OF USED VOINT OF HEA	LIFICATI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	@T/	AUTOPSY1	NO 📝
ON OF V	THE OULD	MEDICAL CERTIFICATION	216. EXTERNAL CAUSE WAS 216. TIME ON INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 216. TIME ON INJURY 1216. TIME ON I	OR PARYS)	ce	
DIVISIO	E, WRITING RWARDED 1 PAGE 3 SH STATE DEPA 21201 PRIOR	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21d. PLACE OF INJURY (AT HOME. STREET, ACTORY, FARM STC.) 21d. INJURY OCCURRED STREET, ACTORY, FARM STC.) 21f. LOCATION STREET, ACTORY, FARM STC.)	country	:46	TATE
ALMED. T	SE SE			my opinion	1	
A EXA	THE CERTIF SHOULD BE RAL DIRECT ATH, WITH RE, MARYLA		A.D. DEPUTY MEDICAL EXAMINER	ATE SIGNED	7/2	3/80
MEDICAL	EXECUTE THE CONTROL THE CONTRO		EXAMINER'S NAME Robert J. Thomas, M.D. ADDRESS 812 Toll House Frederick, Mar	Ave. yland		/ /01
	BP	{5	Burnal 7/26/80 PACKIAUN CONCEY ROCKVILLE 1	Nowig	2 /	TATE .
09	DHMH - 17 /R A15 ME (5)) 15M 7/76	24. F	FUNERAL DIRECTOR ADDRESS OF THE PROPERTY OF T	AR S SIGNA	Bud	7

	1	Items Lob G	547 dad	STATI	OF MARYLAND				a mich
	1	FOR STATE	DEP	ARTMENT OF H	EALTH AND MENTAL H	YGIENES ()	8	2 9	1
1443	' '	REGISTRAR		CERTIF	CATE OF DEATH	REG. N	0		100
		CEASED NAME FIRST	WIDDLE	L	AST			YEAR 2b. HO	UR
	(TYPE	WARR	C INS	CON	JKLIN	را د	LY 13 1	980 10	10 M
-	3. SEX		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT			R 24 HRS
	13	Mile	Cacicasia		10, 1926	54	YRS.	DAYS HOURS	MIN
,9		RTHPLACE ISTATE OR FOREIGN NEW YORK	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	rick Coun		
01	10 CI	TY OR TOWN OF DEATH	11, NAME OF HOSPITAL, NU	WIDOWE IRSING HOME O	- h	13E/PRIME EQCIONAL		-	MD.
00	F	REDERICK	(IF NOT IN SUCH FACILITY, GIVES		etrick	(TYPE OF WORK FOR MOST O	WORKING LIFE) INDU	USTRY NA	TOPINY
2	USUA	AL RESIDENCE (IF NURSING HOME OF			10.4 IN ICIDE CITIVALIMITES				
31	130. 3	10		derick	YES NO [7 · I3e STREET ADDRESS T303 W	overk. T	115	
	14. FA	THER'S NAME	adice · re	MOTOL	15. MOTHER'S MAIDEN I		410 19 0		
21	76	FIRST	MIDDLE LAST		FIRST	A MIDDLE	- (LAST	
01	16- \4	VAS DECEASED EVER IN U.S. AR	LABLE (unkno	SECURITY NO.	NOT 17. INFORMANT	AVAILABL		known)	
	100. V	(IF YES, GIVE	WAR OR DATES)	8-20-78	11- 1	. 0		3 WAVED	
	4	ES WW	4 KORBANAM	0 10	CAROL	LYN CONKL		ERICK,	
		18 CAUSE OF DEATH (Enter on					B.F	APPROXIMATE INTE	D DEATH
Ď	193	PART I. DEATH WAS CAUSE	TE CAUSE (o)	ULMO	NARY	EMBOLUS		11/2	HRS
1	0.9	7/5/		EQUENIES OF		Torn	muscle		
		Conditions, if any, which	DUE TO, OR AS A CONS	SURGICAL	CAST	RIGHT L	E6		
2		gove rise to immediate)						
2		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS				10.04		
5			(c) N/+						
	z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	DITION GIVEN IN P.	ART 1(o)	
	CATION	NA							
5 1	CA	190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.		
	CERTIFI	24 June 80	RUPTURED	QUAT	RACEPS	YES NO	YES 🗌	NO	*
1	Ü	210 ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR P	ART 2)	
06	CAL	OR CONTRIBUTING CAUSE OF DEA	NI A	19	· N/A				
5	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TOY			
0	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	NA	CITY OR TOV	N COUN	114 8	STATE
		220 I certify that (I) (this haspi	tal) attended the deceased fr	om 1'3 1 s	1LY 10.90	0 10 13 1	ULY 19 80	2, that (I)	(martine)
2		sow the deceased alive on	13 4017			on death occurred on the de		(4)	-
4		obove, (I) (we) (did) (did	view the body ofter death.		DEGREE			. DATE SIGNED	
			eduras Sin		ATTENDING	MEDICAL STAI			480
			www.		PHYSICIAN	DIRECTOR PHYSIC	IAN	13400	-100
		22 CPHISICIAN'S NAME (TYPE O	1		22e ADDRESS	D. == ==	-0.00		
		JAMES H. 1	INDERSON JA	R. MD	USAMRII	D' FT DE	TRICK	MD	
	23o. 8	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	METERY OR CREMATOR	23d. LOCATION	4		TATE
	1	Crematic Crematics	on Jul 16, 198	FtSER	ncoln Crema	tory Brentwo	od, Pround	eo's, M	d'.
	24. FL	INERAL DIRECTOR JULIA	accide and	re	25a. D	DATE REC'D. BY REGISTRAR	256 REGISTRAR'S	GNATURE .	
	S	mith, Fadeley,	Keeney, Ras Pos		al Home	111 2 2 1980	progray 10	· of the	
	-	06 East Church	St. Frederic	k, Md, 2	1701	OF H H SAAA		80	

V 1 8 The Aug Sammer Anna Same of the con-They A payed a series of the s as about the second of the sec Line de La labor de la companya de l

1	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE O	10.	8 2
(M)	1. DE(CEASED NAME OR PRINT)	7 a		- IODLE	Ci	1 t 5 a il	In DATE OF DEATH	27	1980
	3. SE	resexxe Fem	ale 4.RA	Whit	e	5 DATE C		78	RTHDAY)	IF UNDER 1 YEAR
136 m		RTHPLACE (STATE OR FOREI DUNTRY)		U.S.A	VHAT COUNTRY?	8 MARRIEI WIDOWE	DENEVER MARRIED	9 BALTIMORE CITY Fre	or count deric	
notified will		rederick	(1		FACILITY, GIVE STREET		Center Center	170 USUAL OCCUPA LITYPE OF WORK FOR MOST Homemake	OF WORKING LI	126 KIND OF INDUSTRY
336	130. S Ma	aryland	HOME OR OTHER LOUNTY Frede		GIVE RESIDENCE BEFOR 13t. CITY OR TOW Preder		13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13 STREET ADDRESS	iey Av	ve., Ap
examine	14 FA	David	WIDDLE		Ston	е	Sophia	Kiser		Stone
e medical	D	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (II	U.S. ARMED F F YES, GIVE WAR C		166 SOCIAL SECU 578–38–	2275	Walter Cut		SESS Apt 34 Tar	7
id by the attending physicia lease remove carban papers. (a), cremation, ar removal or ather traumatic event, the		Conditions, if any, w gave rise to immed cause (a), stating	hich liote	DUE TO, OR	AS A CONSEQUI	201	rotes be	art dis	ane.	. 5 mg
n signe Then p r ta bur injury,	NOIL						NOT RELATED TO THE TER			
at permit.	CERTIFICATION	190 DATE OF OPERATIO		196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING FYING CAUSES (ES
us certificate buriok-trons Mental Hygi or Item 18 sh	MEDICAL CE	710. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E 71d INJURY OCCURRED	SE OF DEATH	P.N	A. MONTH D. A. DE INJURY	19	216. HOW INJURY OCCUP	RED (ENTER NATURE OF INJ	URY IN ITEM 18,	
R: Atter thuse as the lealth and is marked a	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) (the		(AT HOME, STRE	deceased from	an	STREET 1980		2.7	COUNTY
toched for e Dept. of F		sow the deceased above, (1) (we) (did)	olive on	w the bady o	after dealth. 198		DEGREE ATTENDING	/MEDICAL _ ST	AFF	22c. DATE S
ould be defith the State		22d. PHYSICIAN'S NAMI	E (TYPP OR PRINT	Ch	ase	MD	PHYSICIAN 22e ADDRESS 804 76//	House A	re F	reder
F 4 3 ₹	73 n B	LIPIAL CREMATION DE	MACIVAL 1994	DATE	22. 1	JAME OF C	EMETERY OR CREMATORY	234 LOCATION		

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS 23d LOCATION CITY OR TOWN S Frederi 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Resthaven Mem. 24 FUNERAL DIRECTOR 66, OStauffer, Rt. 10, Box

26 HOUR

MIN

HOUR5

126 KIND OF BUSINESS OR

Apt. 204

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

that (1) (we) last

Taney Ave.,

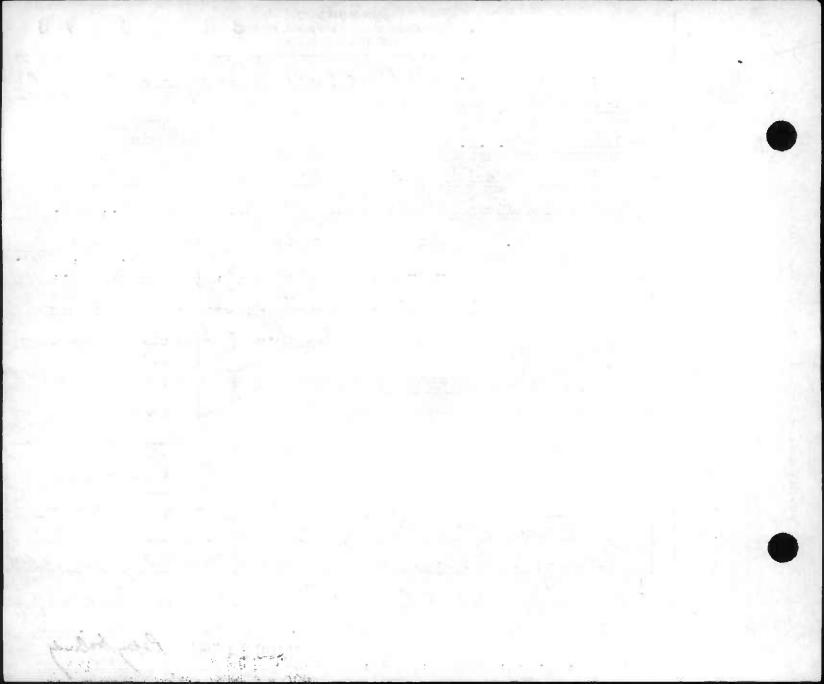
206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22c. DATE SIGNED

and that in (my) (ever) apinion death are used on the date and hour and from the causes stated

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.



		1.	FOR - STATE REGISTRAR			DEPART		HEALTH AND M		ENES (REG. NO.	8	2	9 9
poge 3			CERSED ITAME	Ponal d		Leo E	1	Dixon		2a DATE OF	DEATH MONTH	10	YEAR 80	26. HOUR
s after d		3 SE	x Male	4 R	ACE Whit	e	5 DATE O		6, YEAR 192		ARS LAST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HI
within 72 hour	3.F	Ja B	IRTHPLACE ISTATE OR FORE	EIGN 7b (USA	WHAT COUNTRY?	8	D XXNEVER MA		9 BALTIMOR	RECITY OR COU	INTY OF I		
posified	00	10 C	ITY OR TOWN OF DEATH	н 11.		HOSPITAL, NURSIN HEACIUTY, CHYESTREET Poto	G HOME	OR OTHER INSTIT		12a. USUAL C	CCUPATION FOR MOST OF WORK	NG UEEL IN	26 KIND O	ptica
miset be	35	13a. S	AL RESIDENCE (# NURSING STATE 11: Tyland	GHOME OR OTHE 3b COUNTY Frede		GIVE RESIDENCE BEFOR	'N	13d. INSIDE CIT	Y LIMITS?	13e STREET A	DDRESS	ss A	rnold	Road
examine	100	14. F/	Jesse	W. MIDDI	E	Dixon		15. MOTHER'S /	MAIDEN NAM	L.	MIDDLE		dette	1
medicole	1	16a_\ ('	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED IF YES, GIVE WAR Kore	OR DATES)	16b. SOCIAL SECU 219 20		Ikuko I		on Kr	58 W. I	aaos e. Mo	Arno	1d Rd.
en please remove carbon porysical properties burial, cremation, or removal traumatic event the		7	Conditions, if only, or gove rise to immercouse (o), stoting underlying couse	diote the lost.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E	ENCE OF	NOT RELATED T		(D LASC		GIVEN IN		redicte
ene prior to	2	CERTIFICATION	190 DATE OF OPERATION	NC	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTO			RE FINDING CAUSES	GS USED OF DEATH?
ental Hygin Item 18 sha	C		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	USE OF DEATH		DE INJURY M. MONTH DA	AY YEAR	21c. HOW INJU	JRY OCCURRI		URE OF INJURY IN ITEM		OR PART 2)	
morkedor		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	E CT	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET			CITY OR TOWN	C	OUNTY	STATE
te Dept. of He			220.1 certify that (1) the sow the deceased above (1) Ave) (did 22b. SIGNATURE)	ralive on	-	19	, o	nd that in (my) (a DEGREE ATT	TENDING	MEDICAL	on the dote one STAFF PHYSICIAN			
PORTAN	1		22d. PHYSICIAN'S NAM	AE (TYPE OR PRIN	0	Lialan	d	320	WF	otime.	C B.	-UN-W	viole	, Md

nd hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [0 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Kinland 320 conaud 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN Burial 1980 St. Mark's Cemetery Petersville. John T. Williams Funeral Home Brunswick, Md. 21710 1980

STATE OF MARYLAND

126 KIND OF BUSINESS OR

Am. Optical

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH immedia

IF UNDER 24 HRS HOURS

DHMH - 16 60M 7/73 (VRA 15(4))

BP.

the first teles of the transfer in the

total to the state of the state of

TENER TENER TO THE TENER TO THE

Distance Land County of the Co

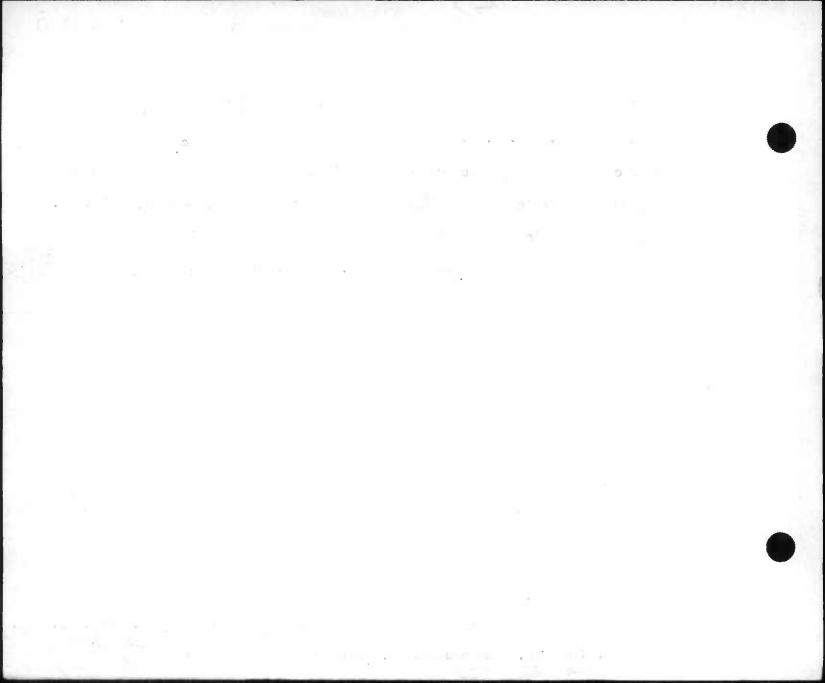
and the second s

of place of the same of the sa

Bearing I collision to a security of the security of

TO UNIT OF LINES AND LIVER IN DESIGNATION .

6	1.	FOR STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 8 0	18300
	I. DE	CEASED NAME OF PRINTS	. /	WIDOLE	FOX	20 DATE OF DEATH M	ONTH DAY YEAR 25 HOUR 20 1980
ctor.	3. SE		RACE White		TEOFBIRTH	6 AGE (IN YEARS LAST (IRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN Y.R.S.
nnerol dire		RTHPLACE ISTATE OR FOREK	Md. U. S.	A A	RRIED TO NEVER MARRIED	Tiles - ol - soul m.)	COUNTY OF DEATH
by the fur filled withing of		ty or town of death ederick			ME OR OTHER INSTITUTION	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF VIOLENTIAL HOUSEWI)	NORKING LIFE) 176. KIND OF BUSINESS OR INDUSTRY HOME
filled in ould be	USU 13a Ma	AL RESIDENCE (IF NURSING ITATE ITALE)	nome or other institution COUNTY rederick	GIVE RESIDENCE BEFORE ADMISS 134 CITY OR TOWN KNOXVILLE	134 INSIDE CITY LIMITS? YES NO 4	13. STREET APPRESS I	Petersville, Rd.
mpletely ond 2 sh	14. F/	THER'S NAME Raymond	Victor	Haines	15 MOTHER'S MAIDEN NA	Viola	Glift
e be execution and control of con	N S	VAS DECEASED EVER IN 1 (IES, NO OR UNKNOWN) (IE	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	213-24-875		Fox, Knoxy	3648B Petersville, R ville, Maryland 2179
he law requires that the death certificate ion. has been signed by the attending physicility permit. Then please remove carbon paper iene prior to burial, cremation, or removal tows any injury, or other traumatic event, the	CERTIFICATION	Canditions, if ony, wh gave rise to immedi cause (a), stating underlying cause I	DUE TO, O sich ote the ost CANT CONDITIONS CO	Jassine Jassine Jassine Ras yeonsequence Ras yeonsequence	BUT NOT RELATED TO THE YER,	Cesity 1200 AUTOPSYD	APPROXIMATE INTERMAL BRIWERN ONSET AND REATH G TION GIVEN IN PARTICIO TOD. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH? YES NO NO
O HOSPITAL CANTENDING PHYSICIAN: TI efformed by the hospital or attending physicial TO FUNERAL DIRECTOR After this certificate should be detached for use as the burial-transit with the State Dept of Health and Mental Hygy	MEDICAL CER	216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX- 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 270.1 certify that (1) (the saw the deceased a bave, (1) (we) (did) 27b. SIGNATURE 27de PRYSICIAN'S NAME	E OF DEATH AMINER) P. 21e PLACE (AT HOME, STI	M. MONTH DAY YIM. OF INJURY REET, FACTORY, OFFICE, FARM, ETC. deceased from other deoth.	211 LOCATION STREET 211 LOCATION STREET 19 211 LOCATION STREET 19 212 ADDRESS 213 ADDRESS 214 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	county State 19 0 , that (1) (ma) last e and hour and from the couses stated 171 DATE SIGNED
BP	· ·	URIAL, CREMATION, REA			of CEMETERY OR CREMATORY es Manor Cemete	ry Samples 1	Manor, Wash. Co., Md.
DHMH-16 20M {VRA 15, 4} 7/78	24 F	John H. Ba	st, Jr. I	Boonsboro, M	d. 21713	UE 23 1980 1	is registratis significantly



	1 -	FOR STATE REGISTRAR		PARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	8 3 0 1
	1. DE	CEASED NAME FIRST OR PRINT) Willard	Norma Narma	0	arrett	20 DATE OF DEATH MONTH 7	30 80 6:30 PM
rector.		M	white	MONTE 5		67	MONTHS DAYS HOURS MIN.
nerol di in 72 ho	1 0	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COL	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	P BALTIMORE CITY OR CO	UNTY OF DEATH MD.
s offer d by the fulled within		rederick			HOS PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Welder	126 KIND OF BUSINESS OR INDUSTRY Detrick
filled in lould be f	13a. S	AL RESIDENCE (IF NURSING HOME COLLARS IN 136 COU	INTY . 13c CITY C	CE BEFORE AOMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 4 James S	, , .
mpletely ond 2 sh	14 FA	THER'S NAME FIRST Frank E	MIDDLE L	ast	15 MOTHER'S MAIDEN NAME FIRST	ME MDDLE	Albright
n ond co		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	10-2893	17 INFORMANT	ADDRESS	
res that the death certificate to meed by the ottending physical please remove carbon papers burial, cremotion, or removal y, or other froumatic event, the		PART I. DEATH WAS CAUS	DUE TO, OR AS A CON DUE TO, OR AS A CON DUE TO, OR AS A CON (c) 59	NSEQUENCE OF	polmono	c-> 10ng	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 M C M O SIVEN IN PART I I O
The law requirition. te has been significant. Then signere prior to be shown any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	n was performed		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
SICIAN: TI ng physici certificate rirol-tronsit entol Hygi		21a, ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	P.M.	TH DAY YEAR		RED (ENTER NATURE OF MILEY IN ITE	M 18, PART 1 OR PART 2)
DING PHY per attending After this e os the bu ofth and M marked or	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
pital or pital or CTOR. Aff for use o of Health		220.1 certify that (1) (this hosp sow the deceased alive a abave, (1) (we) (did) (did n	and the sale	19 80		to 7/30 deoth occurred on the dote on	, 19 B , that (I) (we) lost d hour and from the causes stated
ral OR A y the hos Ral DIREG detoched ote,Dept.		22h SIGNATURE	Pauch		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [221. DATE SIGNED 7/30/80
TO HOSPITAL (etained by the TO FUNERAL Is should be detown the Store, IMPORTANT: If		22d, PHYSICHAN'S NAME (TYPE	Rausch		22e ADDRESS	BEUTHE	4
BP	_ (Burial Burial	23b. DATE 8/2/80		vet Cem.	23d LOCATION CITY OR TOWN Frederick	
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR XXX GDStauffer	,Rt.10,Box 66	Fred.,	MD 21701	RECID STRAR	The state of the s

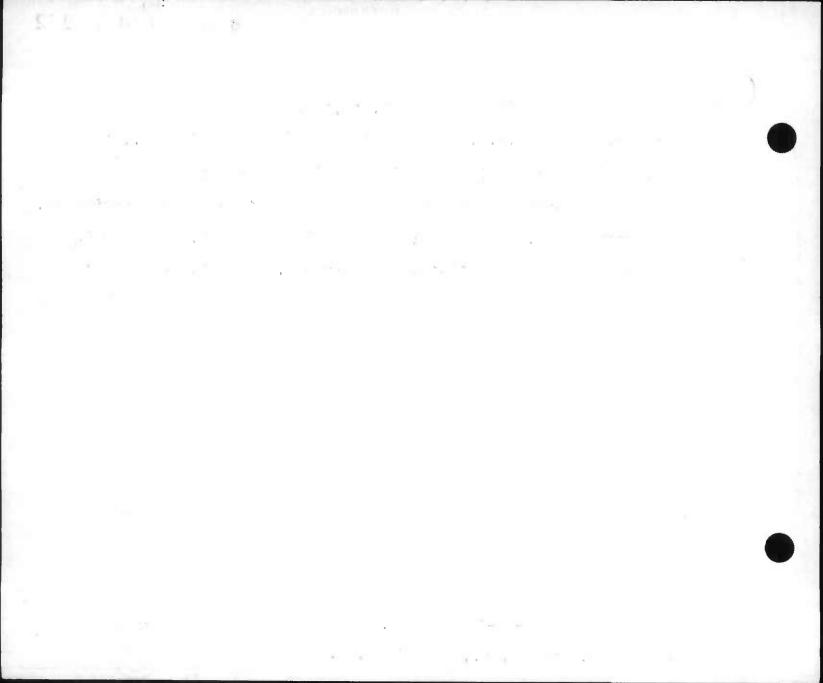
of O -y O 1 - Su Subject to the subject of 1/38/10 CES COM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

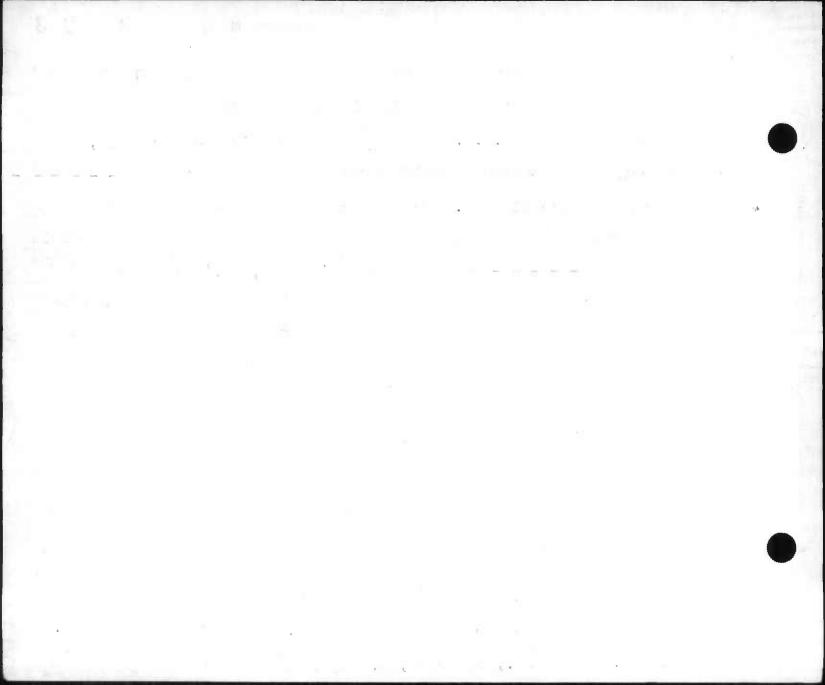
FOR 1 - STATE

(VRA 15, 4) 7/78



	0	
ECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	low requires that the death certificate be executed within 24 hours ofter deam Page 4 may be	s been signed by the attending physicion and completely filled in by the fungual director, page 3
ECORDS, 20	ow requires	been signed

6	6		1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE 8	O REG. N	0.	8	3	0 ;	3
	n <u>f</u>		I DEC	EASED NAME FIRST	Mo11	WIDDLE	Hall	AST		20 DATE OF	DEATH	HTHOM			HOUR 7:43	0
, p	deoth deoth			Anna		у				1 105		J. 1	1	30		1-M
Ē		CR.	3. SEX		4 RACE		5 DATE O		ZEAR	AGE (IN YE		(HDAY)	# UNDER		OURS N	HRS
90		A.	F	emale	Whit			26	O ŠEAR	76		YRS				
		77	7a. BIF	RTHPLACE (STATE OR FOREIGN UNTRY)		To CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED WIDOWELL DIVORCED				BALTIMORE CITY OR COUNTY OF DEATH Frederick County, MD.					MD,	
ofter	by the turniled within	34		Y OR TOWN OF DEATH	Freder	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Frederick Memorial Hospital			MOITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE 120. KIND OF BUSINESS OR INDUSTRY					OR	
24 hc	should be f	35	130 S Mg	aryland Ca	FOR OTHER INSTITUTE DUNTY	13c CITY OR	TOWN	YES 🔼		13 STREET	ADDRESS Roug	hten	Dri	.Ve		
ed within	and 2 st	60	14. FA	THER'S NAME AND PRINTERS AND PR	WIDDLE	Pachs	pz	15 MOTHER	S MAIDEN NAMERST	ME	WIDDIE		2	chr	ieb]	le
be executed	Poges 1	2	160 W	(AS DECEASED EVER IN U.S. (IF YES,	ARMED FORCES GIVE WAR OR DATES)		security no.	17 INFORM	Jame hnstew	s Hal	1, ADDRI	974 C		n A		
tificote	g physicion conpapers. remaval. event, the			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly ane cause p JSED BY: HATE CAUSE (0)	er line for (a), (b)		monu	my A	trest			BE	TWEEN ONS	ET AND DE	ATH .
eoth				Canditians, if any, which		OR AS A CONS	EQUENCE OF	Erreb	F Log	demo	L+A	noxia		7/5	180	!
that the	by the se remo			gave rise to immediate cause (a), stating the underlying cause last		OR AS A CONS	EQUENCEDED	PULM	WARY 1	MRIT	= V6	at fil	RIU	Then	71	5/
requires	hen p to bur njury.		NO	PART 2 OTHER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	E OR CON	DITION GIV	EN IN P	ART I(o)		
3	te has been sst permit l giene prior shaws any ii	2	CERTIFICATION	190 DATE OF OPERATION	196 CON	IDITION FOR WI	HICH OPERATION	WAS PERF	ORMED	YES [NO X	20b. IF YE IN CERTI		AUSES OF		,
ICIAN T	is certificate has burial-transit peri Mental Hygiene p or tem 18 shaws or	9	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW I	NJURY OCCURR	RED (ENTERNA	TURE OF INJU	RY IN ITEM 18,	PART I OR P	ART 2)		
G PHYSIC	the bond /	į.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLAC (AT HOME.	E OF INJURY STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCAT STREE			CITY OR TO	WN	COUN	ITY	STATE	
TENDIN				220.1 certify that (1) (this is saw the deceased alive	on +/ =	4/80		d that in (m)	19 80 opinian o	, to	d on the d	ote and hou	19 0		ot (I) (
the hosp	RAL DIRECTOR detoched for u tote Dept. of He VT: If hem 21 is			abave, (1) (44) (did) (did)	View the bo	MIV.		DEGREE	ATTENDING PHYSICIAN	MEDICAL	STA PHYSIC		220	DATE SK	PAPED	20
- 0	old be the Si	1		22d PHYSICIAN'S NAME (TO	_	Stan 1	n.M	220 ADDRE		Johns	n Di.	J.te	4, Fr	- De	et !	ロト
O a	O de M	4	23a B	URIAL, CREMATION, REMO			23c NAME OF C	EMETERY OR	CREMATORY	23d. LOCA	ATION					
BP_			(5	Burial	July	10,198			Cem.	ehn	s tew	-	nbri		STATE	
	AH-16 20A 15, 4) 7/2		74 5	Mitth Fade I	e Keen	ey Bas Freder	ford Pick Md	nera 217	1 Heme	UL 1 1	1980	ZSD. REGIS	RAR'S S	GNATUR	rocky	



death certificate be executed within 24 hours often

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

injury, or ather troumotic event, the medical examine

IMPORTANT: If them 21 is marked or Item 18 shaws any

	STATE OF MARYLAND		
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES	0	8
STATE	CERTIFICATE OF DEATH		

	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	3 3 0 4
	DECEASED NAME FRST	Genevieve	Hendrickson	July 1	7 1980 10:55 A
	emale	White	5 DATE OF BIRTH MONTH DAY YEAR 10 03 04		IF UNDER YEAR IF UNDER 24 HRS
	a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland D. CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY Frederick 120 USUAL OCCUPATION	MD.
4	Frederick USUAL RESIDENCE (JENURSING HOME O	Frederick Mem	ADDRESS) NOTIAL Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE Cafeteria Mgr.	
	Maryland Fred		ick 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 119 W. Second	St.
	FATHER'S NAME Clayton WAS DECEASED EVER IN U.S. AR	Maynard Zimme		Heberlig Z	immerman
10		RMED FORCES? 16b SOCIAL SECU /E WAR OR DATES) 213-24-	A	ADDRESSFred	ollege Ter. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OVAS CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	750	HEREW	N IN PART 1(a
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORMED 771-HOW INJURY OCCUR	YES NO YES YES YES OF INJURY IN ITEM 18, PA	
	WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		on print	DEGREE ATTENDING	death accurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	ond from the causes stated 22. DATE-SIGNED 21. TATE-SIGNED 22. DATE-SIGNED 23. DATE-SIGNED 24. DATE-SIGNED 25. DATE-SIGNED 26. DATE-SIGNED
L	a Burial, cremation, removal ISPECIFY Burial 4. FUNEAL DIRECTOR	7/19/80 Mt	256 00	23d. LOCATION CITY OF TOWN Frederick Fr E 604 9980 TRAR 26 REGISTR	county state ederick MD ars signature
	& GDStauffer,	Rt.10, Box 66,	Fred.MD 21701		

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

10 C3 O4 75 Acinahena z. barkvra referriols frederiol enomial losoital aletería co. 116t. co.o. aryland Inederick Iraderick x 119 . Second St. Clayton Mayrard Simmerman yra 6. Helenlin Mimerran ese para 213-24-8521 Louise Lalley, 312 M. Collect Cer.

Surial 7/10/80 th. Olivet Des. Trederior Trederior

attending physicion and campletely filled in by the funeral directove carbonpopers. Pages 1 and 2 should be filed within 72 hours

signed by the

TO FUNERAL DIRECTOR: After this certificate has been

attending physician PHYSICIAN:

ATTENDING

TO HOSPITAL OR ATTEN

	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		18305
-	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG NO.	ONTH DAY YEAR 26. HOUR
		ORPRINT) MAR 10/			7	10 80 145
	3. SE:	XXXXX Female	White	5 DATE OF BIRTH MONTH DAY YEAR 04 16 16	6 AGE (IN YEARS LAST BIRTHD)	YRS
21		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
0	-	ermont	U.S.A.	WIDOWED DIVORCED	Frederi	ck
(1)	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS II	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINES
74	F	rederick	Frederick Me		Housewif	
Ch	USU		R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13e STREET ADDRESS	
1/		ermont Gran			Eagle Cam	no Road
100		ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	
11		Selfrage	Hubbel		MIDDLE	Campbell
0		WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECT		ADDRESS	oampoe 1
5	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	0-5625		
			nly ane cause per line for (a), (b), or			APPROXIMATE INTER
	12	PART I. DEATH WAS CAUSE		- MI		(DA
						0 2//
		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEOU	mic ugant DI	58458	TEARS
		2500 Conditions, if ony, which	DUE TO, OR AS A CONSEQU	mic ugant DI		YEARS
	NOI	Conditions, if ony, which gove rise to immediate cause ial, stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS CONSEQUE CO CONS	MIC MEANT DI	rus	Y CAPES Y CAPES
9	TIFICATION	Conditions, if ony, which gove rise to immediate cause ial, stating the underlying cause last	DUE TO, OR AS A CONSEOU DUE TO, OR AS CONSEOU (c)	INIC MEART DI TRS MELLI	INAL DISEASE OR CONDIT	TION GIVEN IN PART ITO TON GIVEN IN PART ITO TON CERTIFYING CAUSES OF DEATH YES TO NO TO
9	AL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause ial, stating the underlying cause last	DUE TO, OR AS A CONSEOU DUE TO, OR AS CONSEOU CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH THE HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED	INAL DISEASE OR CONDIT	20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEAT YES \(\text{\til\text{\\titil\titrict{\text{\text{\text{\text{\text{\text{\text{\text{\ti
9	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause ial, stating the underlying cause last PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEOU DUE TO, OR AS CONSEOU CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH THE HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED 216 HOW INJURY OCCURE 19 211 LOCATION	INAL DISEASE OR CONDIT	20B. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEAT YES NOTEM 18, PART 1 OR PART 2)
9		Conditions, if ony, which gove rise to immediate cause ial, stating the underlying cause last PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this hosp	DUE TO, OR AS A CONSEQUE DUE TO, OR AS CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 FARM, ETC.) 21t LOCATION STREET 19 21 LOCATION 19 21	INAL DISEASE OR CONDIT	20B. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEAT YES NO NOTEM 18, PART 1 OR PART 2)
9		Conditions, if ony, which gove rise to immediate cause ial, stating the underlying cause last PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this hosp	DUE TO, OR AS A CONSEQUE DUE TO, OR AS CONSEQUE CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH ATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 FARM, ETC.) 21t LOCATION STREET 19 21 LOCATION 19 21	INAL DISEASE OR CONDIT 200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN 2. 10 7 - deoth occurred on the dote	COUNTY ST. 19 St. that (I) (v. and hour and from the couses sta

Burial 7/15/80 Grand Isle Cem.

245 WHERAL DIRECTOR Starffer GDStauffer, Rt.10, Box 66, Fred., MD 21701 JUL

m. Grand Isle Grand Isle
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Isler

DHMH - 16 60M 1/75 (VR A 15 (4))

BP

sarl remale white du 16 16 de 68, the same constant in the second Prederick Prejerick emorial Hospital conservice larmont fram Isle South Hero x harle familione Selfrare Hubbell Eliza Campbell 10 ______ 056-20-5625

CU . S A . M. Market

uminl 11/85 erapt Tale to . From Element Islam

death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled within 72 hours often with the State Dept. af Health and Mental Hygiene prior to burial, cremotian, or remaval.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other traumatic event, the medical exa

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after retained by the hospital or attending physician.

FOR DEPARTM

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CFRTIFICATE OF DEATH

18306

	REGISTRAR		CENTILICATE OF		REG. NO	
1 DE	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MONTH	H OAY YEAR 26 HOUR
	LULIAN	VITTINIA	His	Ka	VIUL	52 80 15.58 W
3 SE	X 4.	RACE 0	5 DATE OF BIRTH		. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	female	Nacan	MONTH OAY	1924	56	MONTHS DAYS HOURS MIN
Zn B	IRTHPLACE ISTATE OR FOREIGN 76	CITIZET OF WHAT COUNTRY	2 8		BALTIMORE CITY OR CO	YRS THE THE TENT OF DEATH
	OUNTRY)	il C n	MARRIED NEVE	R MARRIED .	_	• ,)
10.0	mo	U13. H	1	DIVORCED		ICIO MD.
10 0	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURS (JANOT IN SUCH FACILITY, GIVE STREE			IZO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OR INDUSTRY
1	-redenick	trederick	mimor	IAL	Domislic	
	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b. COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TO		E CITY LIMITS?	3e_STREET ADDRESS	,
	1 1 1	lerick frede		NO 🗌	313 madi	SON SI
14 F/	ATHER'S NAME			R'S MAIDEN NAME		
	Richard	HAMILTO	n' R	el-ecci	WIDDLE	lo N B
	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFOR		ADDRESS	JEARTAS
- (YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	0-29/3 18	1- 06 0	11:12 DI	2 madiling ET
-	/\\U			m45 C1	171918 21	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B		DIAC IT	JUT MA	4	RETWEEN ONSET AND DEATH
	IMMEDIATE (CAUSE (O)	1140 36	1041/3 (1-	~	8 men
	436 -	DUE TO, OR AS A CONSEQU	UENCE OF DA	1 D.LL.	e Brain Dal	
	Conditions, if any, which	(b)	SIGN	Pt 1/1/10)	< 171 al 1/a	roul
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	HENCE OF TO 1	1.	. ^	
201	underlying couse lost	(5)	rope	He CI	VA	I WASK
5	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMIN	AL DISEASE OR CONDITIO	N GIVEN IN PART 1(a
Z	Probable Ma	e Pilhon	. Filati	west their	- Contres	
Ā	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PER	1//	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
CERTIFICATION	1		1			CERTIFYING CAUSES OF DEATH?
=	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121¢ HOW	IN ILLEY OCCUPANT	YES NO DE LE	YES NO
	OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	11430KT OCCORRE	D (ENTER INATORE OF INJORT IN THE	:M 10, PART I OR PART 2)
S	(IF EITHER, NOTHY MEDICAL EXAMINER)	P.M.	19			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FAGTORY, OFFICE	E, FARM, ETC.) 21f LOCA STRE		CITY OR TOWN	COUNTY
	AT WORK					
	22a.1 certify that (1) (this haspital) attended the deceased from	No	19 80	., 10 - 1/6	19 XV , that (I) (See) lost
	sow the deceased alive on obove, (1) (see) (did) (decease)	view the hady ofter death	ond that in (m	y) (60) opinion de	oth occurred on the dote on	nd hour and from the causes stated
	226. SICNATURE		DEGREE			22c. DATE SIGNED
	Ja . A	M.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
	22d. PHYSICIAN'S NAME (TYPE OR PR	RINTI	22e ADDR	g-q	DIRECTOR FITTSICIAINE	Do 4
	T	(-325-)	180	Than	John D. C	toll Englaile
	Vanes J.	(2012) ON	110	1 100100	JOHNJE VA 3	or 1 11 - asuck
230. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY O	RCREMATORY	23d. LOCATION	COUNTY
_	DURIAL	7-28-1980 1-	TOPELAN		Hopehil	+ tred ma
BOA FI	UNERAL DIRECTOR		Tolo de ~10	MANUSO DATE P	REC'D, BY REGISTRAR 256, R	EGISTRAR'S SIGNATURE
24. FI	NAME II	AODRESS	7-1-	11-10	3 0 1980	4 6 8

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

the soul of the soul

20

Poge 4 may be

executed within 24 hours after

death certificate

requires that the

TO HOSPITAL OF ATTENDING PHYSICIAN The retained by the hospital or attending physician

ctar, page 3 after death

STATE OF MARYLAND						
EPARTMENT OF HEALTH AND MENTAL HYGIENE	8					
CEDTIFICATE OF DEATH	_					

0	- 1	8	3	0	1
DEC NO					

	1 -	FOR STATE			IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 U I	8301	
1	1 050	REGISTRAR CEASED NAME FIRST	MIDDI			REG. NO.	OAY YEAR 25 HOUR	
		ORPRINT) W 101 A	EDITA	HILDEBR	BLAND	7	8 80 925	
	3 SEX	emale.	1 RACE	S DATE C	H DAY YEAR	6 AGE IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 HRS	
	CC	RTHPLACE (STATE OR FOREIGN SUNTRY)	76 CITIZEN OF WHA	MARRIE	D NEVER MARRIED	PRESENTATION OF COUNTY OF	TY OF DEATH	
4	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOS	WIDOWE SPITAL, NURSING HOME COLLETY, GIVE STREET ADDRESS), CK. MEMOT 121		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOME MAKET	12b. KIND OF BUSINESS OR	
5	USU A			E RESIDENCE BEFORE AGMISSION) LITY OR TOWN FIEDEFICK	134 INSIDE CITY LIANTS? YES NO 1	13. STREET ADDRESS Rece	iver Røød	
0	14. FA	THER'S NAME FIRST Charles	WIDDLE	Hanshew	15. MOTHER'S MAIDEN NA FIRST Rena	WE	Hoover	
1			E WAR OR GATES)	social security no.	17 INFORMANT David E. Hild		d Receiver Road	
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b) DUE TO, OR AS	S A CONSPOUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	JC Q SIVEN IN PART I/O	
2	CERTIFICATION	19e DATE OF OPERATION	196 CONDITIO	IN FOR WHICH OPERATIO	MELLATU IN WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	NONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	YES NO 8. PART 1 OR PART 2]	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I (AT HOME, STREET,	FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
		220.1 certify that (I) (this hospital) attended the deceased from						
		226 SIGNATURE	elia		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN S	221. DATE SIGNED 7-5-80	
		224 PHYSICIAN'S NAME (TYPE	A MAN	MI)	33 S PARK	Mr FREI	PERICK MD 21701	
	23a B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	CONT.	

BP. DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremotion, ar removal. WAPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical-examiner must be postill.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

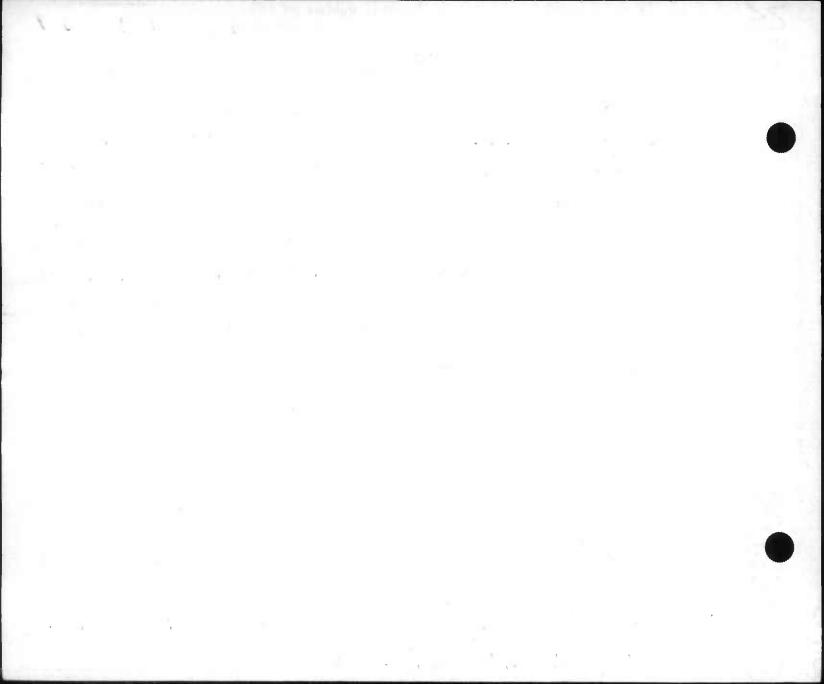
23c NAME OF CEMETERY OR CREMATORY Rocky Springs Cemetery

13d LOCATION COUNTY COUNTY Frederick, Md.

12, 1980 250 DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

JUL 15 1980 24 FUNERAL DIRECTOR Fulled C.C. Hasfurd Smith, Fadeley, Keeney, Eastword 106 East Church St., Frederick Funeral Home

Md. 21701



-
2
64
0
=
6-
4
>
~
ARYL
4
2
-
?
-
œ
0
~
~
-
ALT
=
8
20
Seen.
S
W 1
Z
0
510
S
SE
OC.
OK.
PRE.
W. PR
₹
×
×
×.
201 W.
S, 201 W.
S, 201 W.
S, 201 W.
S, 201 W.
ORDS, 201 W.
ORDS, 201 W.
ORDS, 201 W.
ORDS, 201 W.
ECORDS, 201 W.
ORDS, 201 W.
ORDS, 201 W.
ORDS, 201 W.
ORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.
OF VITAL RECORDS, 201 W.

10 HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician

BP. DHMH - 16 60M 1/75 (VR A 15 (4))

1.	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG NO
	(TYPE	CEASED NAME FIRST	Frederick WRMES	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 7:05
	3 SEX	Male	4 RACE S DATE OF BIRTH MONTH DAY YEAR G 30 - 12	6 AGE (IN FE-9S LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS A
625	M	RTHPLACE (STATE OR FOREIGN DUNTRY) aryland	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED BY NEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OR COUNTY OF DEATH Frederick
Propried .	10 CI	redervick	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FRENCH CLEAN CONTROL C	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Reg. Sanitarian Md. State
funst be	13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? ACTUAL DELICATION OF TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Dept of He.
OOskamine	14 FA		MIDDLE LAST IS MOTHER'S MAIDEN NA FIRST CORRE	AME MIDDLE SS LAST
Tedical	()	VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (15 YES, GIV Yes.	E WAR OR DATES)	rmes. 80 Main St., Walk.
injury, ar othe	NOI	couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
Luo smo	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES
2 em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
rked ar II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
21 is mo		saw the deceased alive an	into attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	to, to, 19, that # (we need to occurred on the date and hour and from the causes state
IMPORTANT: If Item		226 SIGNATURE 1	Signing for attacker PA. Lloy	MEDICAL STAFF DIRECTOR PHYSICIAN 27 8/80
# 17			100 1000000	
MPORTANT: # H		22d. PHYSICIAN'S NAME (TYPEC	GRISSON M.Y. 198 Thomas	Johnson Dr. Site 4 Fraderick,

The second second second second arvland d. Itate de la compania del la compania de la compania del la compania de la compania del l Jant. . Cleals reigl 7/11 & class esser al eravile red. 21701

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

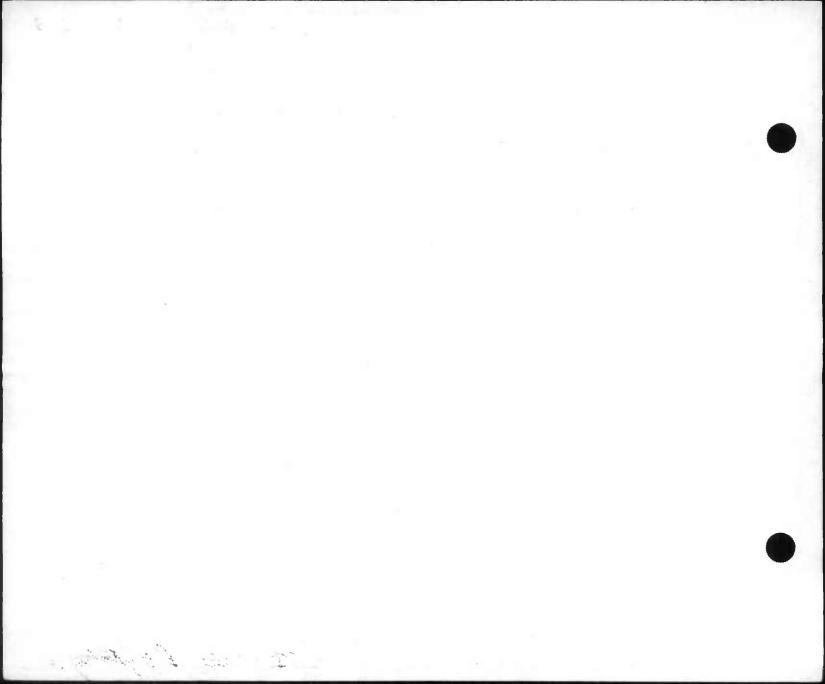
CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

8



Poge	hours
SPITAL XITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deam Page of by the hospital or attending physician. NERAL DIRECTOR: After this certificate has been somed by the attending physician and completely filled in by the funeral direct	be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours to State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
offer b	ed w
hours	d be fi
hin 24 ity fille	should
be with	ond 2
xecute	ges 1
e pe	ers. Po
tificot	poduc
oth cer	corbo
he dec	emove
thot t	be detached for use as the burial-transit permit. Then please remove carban poper is State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
quires	hen pl
ow re	prior
. The l	nsit pe
ICIAN 9 phy:	ntol H
PHYS	he bur
DING or off	e os tl
Spitol TOR	for us
ASPITAL TENDING PHYSICIAN. The Industrial Dispersion or attending physicion.	pat
4 4	20

FUNERAL D

ould be

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME LAST 20 DATE OF DEATH HTHOM YEAR 26 HOUR TYPE OR PRINTI Bessie V. July 27,1980 HURLEY 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS SEX MONTHS HOURS 31, 1886 DAYS Female White 93 Dec. To BIRTHPLACE STATE OF FOREIGN 71. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Frederick WIDOWED DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Frederick Nursing Center Housekeeping Frederick USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION|
130 STATE | 135, COUNTY | 13c, CITY OR TOWN 26717 Ridge Road 134 INSIDE CITY LIMITS? Montg. Maryland Damascus 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Olive Reed Edward Warthen 6e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADD 26012 Ridge Road (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Gilmore E. Hurley Damascus, Md. 579 4083 26 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. der Resen Conditions, if ony, which tro gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF ģ underlying lost couse ò PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [7] NO YES M NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1/2//80 22a.1 certify that (1) (this hospital) attended the deceased from that (I) (we) last and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased plive an. above, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 221 DATE SIGNED MI = ATTENDING MEDICAL STAFF July 28,1980 PHYSICIAN A MPORTANT: DIRECTOR PHYSICIAN 22e ADDRESS B10 Toll House Ave., Frederick, Md, Gilcin F. Meadors, MD. 23a. BURIAL, CREMATION, REMOVAL 23t NAME OF CEMETERY OR CREMATORY 29,1980 Burial July Montgomery Damascus Mon tg Md. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M Olin L. Molesworth, P.A., Damascus, Md. (VRA 15, 4) 7/7B

Testing with security the light of the continuation of the continu

VETAILS

O MED AGE 4	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDING IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECT. PAGE 4, SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR YOUR THE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET.
----------------	--

	11-	FOR STATE REGISTRAR				STATE OF HEAL XAMINER'S		NTAL HYGIE	43	REG. 1	1 8	3	1	1
(48)		CEASED NAM	E FIRST		MIDDLE		LAST		20. DATE	KNOWN		DAY	YEAR 2b	. HOUR
S 2 2 2 2	,,,,,	CORTRINTY	Terr		L.		Hylan		DEATH	ESTI-	XX 7	2419	80	м
RY, PLEADINECT DINECT DOUR IN 72 HO	3. SEX	ale	4 RACE White	5. DATE OF BIRTH March 28	YEAR			UNDER 24 HRS	PRONOL DEA	INCED	монтн 7	24 ₁₉	1	B:17
PRESTOR WATHIN	FO	RTHPLACE (STREEGN COUNTRY) ryland	TATE OR	76. CITIZEN OF W	HAT COUNT	MA	RRIEDX NEVER	R MARRIED [or COUNT	Y OF DEAT		
AY IS AGE FILED	10. CT	Mt. Ai			SPITAL, NURS	SING HOME, OR C		ON 120. U		UPATION (T	YPE OF WORK	12b. KIND C	OF BUSIN OUSTRY	MD. IESS
RETAIN PER PHOULD BE RECORDS	USUA 130. S1	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, G	13c. CITY C	EFORE ADMISSION)		LIMITS2 13e. ST	REET ADD	RESS	Mt.A:	iry Mo	1	
S 1, 2, 4D 2 SH	14. FA	THER'S NAME		AIDDLE		AST	15. MOTHER'S	S MAIDEN NAM thryn	AF	MIDDLE	0	lAST	•	
PAG N N N N N N N N N N N N N N N N N N N	160. W	AS DECEASES	D EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		al security No.	17. INFORMA		auer	ADDRES	SS ,		Airy	Md.
ED WITHIN 24 HOURS AFI PENCII. IN ITEM 18. GIVE AMINER ALONG WITH F L'TRANSIT PERMIT. PAGE: ENIAL HYGIENE, DIVISIO REMOVAL.		18. CAUSE O PART I DE Condition gave ris	IMMEDIA ins, if any, which se to immediate stating the under	DUE TO, OR	Car AS A CONS	ond (c).) bon Monox EQUENCE OF	cide Pois	soning					CMATE INT	
HOULD BE EXECUTE RD "PENDING" IN I CHIEF MEDICAL EX USED AS A BURIA OF HEATTH AND M AL, CREMATION, OR	CERTIFICATION		GNIFICANT CONDITIONS	(c)		O TO THE TERMINAL OIS						20 AUTO		10 🗆
S CERTIFICATE SI RITING THE WOR RDED TO THE SE 3 SHOULD BE E DEPARTMENT I PRIOR TO BURLA	MEDICAL CERTI	UNDERLYING CONTRIBUTION	OCCURRED	DEATH ? P.M	7 .	23 19 80 st	HOW INJURY OF IDEATION STREET Vestwind	ound in	auto	with	exhaus	et cor	nect	ed
MEDICAL EXAMINER: THIS CUTE THE CERTIFICATE, WIS 18 4 SHOULD BE FORWAL FUNCATE PAGE OF THE STATISTICAL WITH THE STATISTICAL MARYLAND, 21201			fy that I taok char ed fram: Notu	ge of the remains desprot couses :: wa LD rginia L.	Accident C	e, held an Aus	M.D. Assis	nspection , under , un	Inquiry	nonner	ond in my ap , DATE SIGNE	inian	25-8	
TO MEDI TO FUNE AFTER DE BALTIMO	{ S	RIAL, CREMA	TION,REMOVAL L	^{23b. DATE} 7/28/80	23c. NA St.	Peters	Catholic	y 23d. L C LiC	ocation Sertyt	own		Frick	Ma.	
DHMH-17 (VR A15 ME (5)) 15M 7/77	Da i	Ley Fu	neral Ho	Me Fr		Market k, Md. 2		JUL 3	U 198	AR 25b. REC	GISTRAR'S S	IGNATURE	may	

	8		ANA STABLE				da
					tali tari		
					e dona i lipi.		
	irel on to	levi Sala					
				MEL JEST	a.#	- 2014 191	
	41.1. N	el Lat			lo luor essa		
		nguis ca			Λ.	. D. H	
. in the said		the rate of a space				1	
PERSONAL PROPERTY.	Jackhalle .						
Total No.		- PARTIE	1				
					45-19047		
Tol.		mod varymate and a set of	all the			LAUYES SES	
- Comme	1	una value	1011			, , , , , , , , , , , , , , , , , , ,	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be nowlined at o executed within 24 hours af requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 3

FOR STATE REGISTRAR			DEPARTM		OF HEALTH AND MENTAL HYGIENE 8 0 18312								
I DECEASED NAME	FIRST		MIDDLE		AST	REG. N	MONTH DA	Y YEAR	2h. HOU	D			
(TYPE OR PRINT)	Lancel	ot	NMN		cques III		30, 198		28. HOU	M			
3. SEX male		4 RACE	ite	S. DATE O	h 21, 1915	6 AGE (IN YEARS LAST BIR		FUNDER LYEAR	IF UNDER	24 HRS MIN			
70. BIRTHPLACE (STATE COUNTRY) Maryla		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	* BALTIMORE CITY O		OF DEATH		MD			
10. CITY OR TOWN OF			HOSPITAL, NURSIN CHACUTY GIVE STREET 1625 Jette		Blvd.	12a USUAL OCCUPAT TYPE OF WORK FOR MOST O Superinter	OF WORKING LIFE)	126 KIND C INDUSTRY Hast	Alco	SS OR			
USUAL RESIDENCE (11 130 STATE Md.	136 COU	NIA	GIVE RESIDENCE BEFORE	Ŋ	134. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	Jeffers	on Blv	d.				
14 FATHER'S NAME FIRST Lancelo	ot	WIDDLE	Jacques	Jr.	IS MOTHER'S MAIDEN NA FIRST Margare	MIDDLE		Nico	demus	s			
(YES, NO OR UNKNOW)		RMED FORCES? E WAR OR DATES)	214-16-2		17 INFORMANT Miss Maggi I	ADDR Lynn Jacques		rick, M	d.				
PART 2 OTHER	immediate stating the couse last	DUE TO, C	ONTRIBUTING TO D	NCE OF		MINAL DISEASE OR CON	IDITION GIVE	N IN PART 1	a ı				
19a DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES		H?			
OR CONTRIBUTING		ATH HOUR A	OF INJURY .M. MONTH DA	YEAR	216 HOW INJURY OCCUR								
(IF EITHER, NOTIFY 216 INJURY OC WHILE AT WORK	CURRED		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	ST	ATE			
sow the de	ceased alive or we) (did) (did no	. 7	ne deceosed from		nd that in (my) (our) opinion DEGREE ATTENDING	death accurred on the d	FF						
P. Greg		or PRINT) usch, M.	D.		PHYSICIAN 1 220 ADDRESS 4 West 7th S			2170	1	0			
23a BURIAL, CREMAT	ION, REMOVAL	23b. DATE	10 SALES	AME OF C	EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN Smithal		OUNTY	STA	ATE			

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DINE Funeral Home

STEEL STEEL

and completely filled in by the funeral direct ages 1 and 2 shauld be filed within 72 haurs

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEAT	Н	REG. N	0.		1 0
	CEASED NAME FIRST		MIDDLE	1	AST		20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
	Alice	J	une	Je	nis		July 17	, 1980)	М.
3. SE	X	4. RACE		5. DATE (- 1	6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	
	Female	Whit	е	Jun	ė 3°, 1	926	54	YRS.	NIHS DATS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARR	IED 🗌	9. BALTIMORE CITY C	R COUNTY C	F DEATH	
	laryland			WIDOW	D DIVORC	ED K	Frederi	ck Cou	inty,	MD.
	rederick		HOSPITAL, NURSING THEACHITY GIVE STREET A HILLSIC	DDRESS)_	rive	ION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		126 KIND (INDUSTRY	OF BUSINESS OR
13a. S	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 136. STATE 138. COUNTY Maryland Frederick Fred 4. FATHER'S NAME				13d INSIDE CITY LI	MITS?	7407 H	illsid	le Dr	ive
	Amos Turner				15. MOTHER'S MAI		MIDDLE		Bak	ier
16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215–20-				Mrs. F	aula	A. Rout		7407	Hill-
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stafing the underlying cause last.	DUE TO, O	RAS A CONSEQUENT PLANT OF THE PROPERTY OF THE	NCE OF	92001		discoss	1 4	6	werks
CERTIFICATION	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO DI				200. AUTOPSY?	20b. IF YES, IN CERTIFY!	WERE FINDI	INGS USED S OF DEATH?
	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M.				21c. HOW INJURY	OCCURR	YES NO DE	YES		NO [
MEDICAL	21d. INJURY OCCURRED WHILE ON OT WHILE OF AT WORK		REET, FACTORY, OFFICE, FA		211. LOCATION STREET		CITY OR TOV	VΝ	COUNTY	STATE
	270. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	oital) attended the n 7/17 ot) view the body	e deceased from 19 5 ofter death.			50 opinian d	eath accurred an the de		and from the	
<	22d. PHYSICIAN'S NAME (TYPE		M MD		DEGREE ATTEN PHYS 22e ADDRESS	IDING ICIAN	MEDICAL STAI DIRECTOR PHYSIC		7/1	8/80
	220. PHYSICIANS NAME (TYPE	7	a like See and English Med						und	

230. BURIAL, CREMATION, REMOVALY Burial

7-19-80

Rest Haven Cemetery, Hagerstown, Cowwash., Md.

Rest Haven Funeral Chapels, Inc., Hag., My 250. DATE REC'D.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

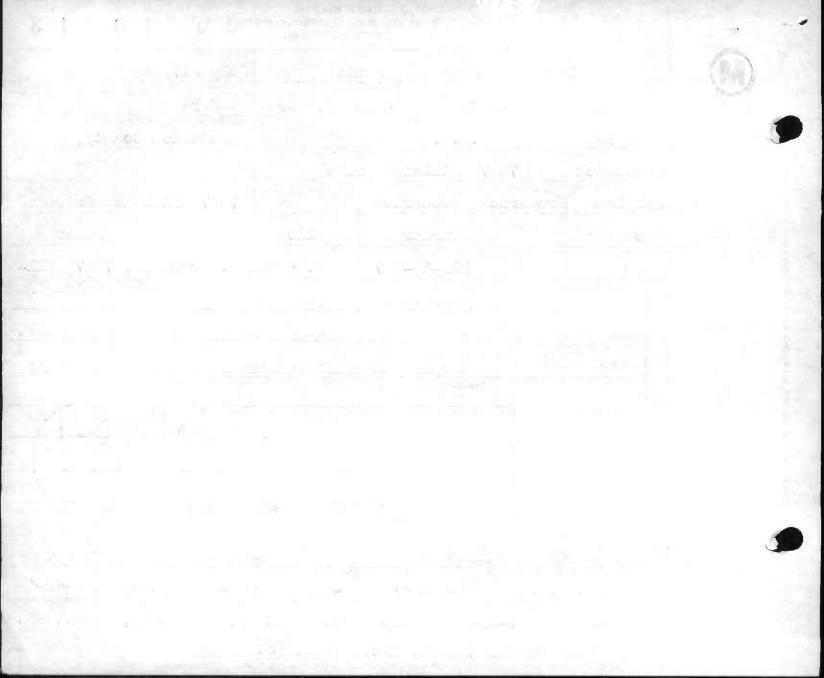
DHMH-16 60M 1/73 (VRA 15(4))

should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. af Health and Mental Hygiene priar to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked or them 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been

etained by the haspital or attending physician.



filled in by the lould be filed w

0

ond

Poges

FOR

- STATE

(YES, NO OR UNKNOWN)

CERTIFICATION

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTURICATE OF BEATH

Frederick

TH?

STATE

no

2/170

REGISTRAR		CERTIFICATE OF DEATH REG. NO.									
1 DECEASED NAME	FIRST	MIDDLE	LAST			20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	UR
(TYPE OR PRINT)	nn	NMN	Jus	tus			7	17	80	1:0	26P
3 SEX	4 RACE		5 DATE OF B	IRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UND	DER I YEAR	IF UNDER	R 24 HRS
male	wr	inte	HTMOM	18	O4	75	YRS	MONTHS	DAYS	HOURS	MIN
70 BIRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN	OF WHAT COUNT	RY? 8 MARRIED E	NEVERA	ARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF D	EATH		
Hungray	TT	C	WIDOWED	7 DI	ORCED T	Frederi	o k				N

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 20 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Frederick Memorial Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE)
Merchant Marine INDUSTRY Frederick USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
138 STATE 136 COUNTY 138. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Rt.#9 Box 59 Frederick Frederick NO X

4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Phillip Barbara Justus Rtops 9 Box 59 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT

WIDOWED

Mrs. Lucy J. Justus Frederick, Md. 546-26-7949 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)

IMMEDIATE	CAUSE (0) CARPIONESPI	MATORY AFFEST	3
1629	DUE TO, OR AS A CONSEQUENCE OF	(ADENOSQUARING CELLTY	16/1
Conditions, if ony, which	(b) EXTENSIVE	LUNG (RIGHT) CANCER	76/8
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	AND BRONCHOPLEURAL FIVELA	1

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CHADNIC OBSTRUCTIVE LUNG DISEASE

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		20b IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on obove, (Hwe) (did) (did not view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE MEDICAL ATTENDING & DIRECTOR PHYSICIAN

22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) GREEN VALLEY ARTHUR G. MANALO

230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Burial 7/21/80 Mt. Olivet Frederick Frederick Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JUL 2 4 1980

24 FUNERAL DIRECTOR Darley Funeral Home 1201 Market Frederick, Md. (VR A 15 (4))

I LIF YES, GIVE WAR OR DATES!

DHMH - 16 60M 1/75

After this certificate has Mentol Hygrene

DIRECTOR

O FUNERAL

-

burrol-tro

Hem 18 sho

0

MPORTANT: If Item 21 should be detoched with the Stote Dept.

ottending physicio

PHYSICIAN

ATTENDING

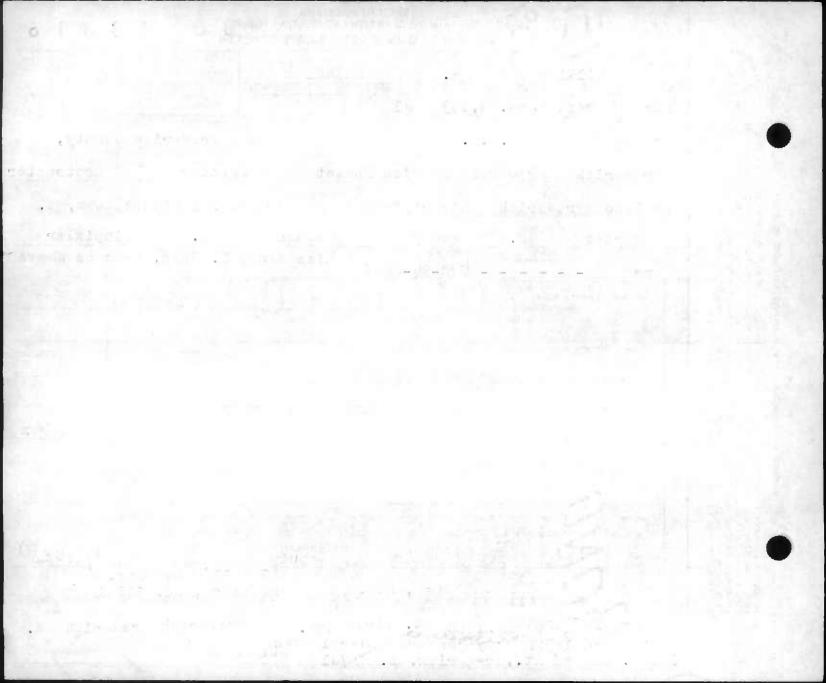
THE RULE OF THE PARTY OF THE PA The stance of the second of th A second of the the first of the f

TO STATE OF BUILDING and the second of the second o And the second of the second of the second of the second of The state of the s Deed & S. J. M. Comment of the Comme

1	1-:	OR STATE REGISTRAR		M	DEPARTMENT OF	NINER'S	ERTIFICATE	OF DEARL U	8 G. NO.	3 6
		OR PRINT)			MIDDLE		LAST	20. DATE KNOW OF ESTI		YEAR 26. HOUR
L	19		Willia		E.		CENEY	DEATH MATE		198
3	. SEX	le	4. RACE White	Jan.	, 1939 LAST BI	IN YEARS IF UN IRTHDAY) MONTH		MIN PRONOUNCED DEAD	ATMOM	U 1980 9 PA
ſ		THPLACE (S	TATE OR	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRI	ED NEVER MAR	RIED 9 BALTIMORE C	CITY OR COUNTY	OF DEATH
1	Ma	rylan	d	U.S.	A.	WIDOW			erick Co	unty, MI
		Y OR TOWN	OF DEATH	(IF NOT IN SUCH	SPITAL, NURSING HI FACILITY, GIVE STREET ADDR	ess)		12a USUAL OCCUPATION FOR MOST OF WORKING LIF Painter		KIND OF BUSINESS OR INDUSTRY Centracte
	3a. S1		13b. COUI		GIVE RESIDENCE BEFORE AD 13c. CITY OR TOW Liberty	VN	13d. INSIDE CITY LIMITS?		Libertyt	own, Md.
I	14. FA	THER'S NAM		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME MIDDLE		LAST
ı		Char	les	E.	Keeney		Agnes	Α.		pigler
	160 W (YE	AS DECEASE S, NO, OR UNKNO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECT		Miss N	ancy L. Nas	sh, same	as above
		cause (a lying ca		DUE TO, C	OR AS A CONSEQUEN		OR CONOITION GIVEN IN I	ART 1 (a).		
	O									
	CERTIFICATION	19a. DATE OI	OPERATION	196 CONE	DITION FOR WHICH C	operation w	AS PERFORMED?		8	20. AUTOPSY? YES NO M
	T	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF	HOUR A.	OF INJURY .M. MONTH DAY .M.	YEAR	DW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2	
	MEDIC	21d. INJURY WHILE AT WORK	NOT WHILE AT WORK		E OF INJURY (AT HON ACTORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNT	Y STATE
		death resul ACTUAL SIGNATURE	Hodin Nati	ural causes	lescribed abave, held a paccident ,	Suicide	Hamicide TITLE (SPECIFY) Deput	Undetermined manner		7-10-80
24	seed .	EXAMINER'S	NAME RO	bert J.	Thomas	MD		rederick, M		

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

BP_ DHMH - 17 (VR A15 ME (5)) 15M 7/76



1 - STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours ofter with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other troumatic event, the medical examiner must be patified at ance.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

1	8	3	1	7
	•	•		

REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO.		07.	
1. DECEASED NAME (TYPE OR PRINT)		ECCA	K	ENNEY	20 DATE OF DEATH MON	S S	YEAR 26	HOUR 12/5 1 M
3. SEX	4 RACE	W	DATE OF	BIRTH DAY YEAR 2//0	6 AGE (IN YEARS LAST BIRTHOAY	YRS IF UNDER		UNDER 24 HRS
70 BIRTHPLACE (STATE OR FOREIG		2	MARRIED WIDOWED	200	9 BALTIMORE CITY OR C			MD.
Frederick		OSPITAL, NURSING HEACHITY, GIVE STREET AND CK MEMONIA		OSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Nursing	DRKING HEEL INDI	USTRY -	usiness or g Home
USUAL RESIDENCE (IF NURSING IT 130 STATE		give residence before at 13c. CITY OR TOWN Midland		13d INSIDE CITY LIMITS? YEST NO [13e. STREET ADDRESS Midl	and Md.		
Alexander	WIDDLE	Lashbau		Fannie	WIDDLE	2	Clark	5
(YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	213-12-93	398	Ruth Cadw	allder Gilmo	re Md.		
Conditions, if ony, wh gove rise to immedicouse (b), stating underlying couse to	ich ote the DUE TO, OR	R AS A CONSEQUENT OF SURE M	CE OF	KGAR T	DISEAS	E ON GIVEN IN P	Y SA	trs trs
NO LE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	0	TABETS	25	MELLI	7U5 20a AUTOPSY? 20	D() b. IF YES, WERE I CERTIFYING CO	S70 FINDINGS AUSES OF	
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	E OF DEATH HOUR A./	M. MONTH DAY	YEAR 19		RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR P.	ART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARA	w, ETC }	211. LOCATION STREET	CITY OR TOWN	COUN	ITY	STATE
22b. SIGNATURE	did not view the body	- 5 19 R		EGREE ATTENDING PHYSICIAN	death occurred on the date of MEDICAL STAFF	22c.		
22d. PHYSICIAN'S NAME S 230 BURIAL, CREMATION, REM	AMAN	MO	ME OF CE	22e. ADDRESS 35 PARI METERY OR CREMATORY	CAVE F	REPERI	CKM	1021701
(SPECIFY)	7 7 79 /9	01	ME OF CE.		CITY OR TOWN	COUNTY		STATES

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

DHMH - 16 60M 1/75 (VR A 15 (4))

MOSCOW

1 5 6 1 L Garage March mission of the state of the sta the state of the s The second was said to the sai the same the file

	1		1 DE (TYPE		hel 1182	Ai Ai	ny	LAYI	MAN	20 DATE OF DEATH		YEAR
	s offer d		3 SE			4 RACE White		S DATE O	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BI	· ·	F UNDER 1 YEAR
•	eral dire	35	C	RTHPLACE (STATE OR PO DUNTRY) laryland	OREIGN	76 CITIZEN OF	what country	2 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	
10	s after de by the fun iled within	4 Togethied of	10. C	TY OR TOWN OF DEA 'ederick	ATH	11. NAME OF	OSPITAL, NURS	ING HOME	DROTHER INSTITUTION Hospital	12a USUAL OCCUPAT	TION	12b. KIND OF
AND 212	filled in bland be fi	Sept pe		AL RESIDENCE (IF NURS		derick	GIVE RESIDENCE BEFO	PRE ADMISSION)	13d. INSIDE CITY LINITS?	6320 But	terfl	y Lane
MARYL	red withir ampletely and 2 sh	OC OC	14 FA	T. J.		Lemuel	Wiles	5	15 MOTHER'S MAIDEN N	AME MIDDLE		DeGra
BALTIMORE,	be execu-	e medical		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO	(IF YES, GIV	E WAR OR DATES)	166 SOCIAL SEC 20-44-9		ichard H.	Layman, R	1916A	Good
ST.,	ding physici orbanpaper ar removal.	tic event, th		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	TE CAUSE (a)	CARDING RAS A CONSEOL	No	CREST			SETWEEN ON
1 W. PRESTON	hat the death by the attend ase remove co	r other troumo		Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediate ig the	(b)	ARTERIOS RAS A CONSECU	cleedte	e CARDIO-VA	Je Disepse		
RECORDS, 20	requires ten signed t. Then ple or ta buria	y injury, a	TION		HITE	ni insi	FF. CiENCY	4	NOT RELATED TO THE TER			
TAL REC	The law ician.	shaws on	CERTIFICATION	19a DATE OF OPERA		7 21b. TIME O		H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFY YES	
DIVISION OF VITAL	SICIAN: ing physicertifical certifical	Hem 18	MEDICAL CI	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE AL EXAMINER	HOUR A./	м. МОНТН (м.	DAY YEAR		RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PAI	RT 1 OR PART 2)
DIVISIO	r attend After this os the b	arkedar	MED	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE D		EEY, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NW	COUNTY
	aspital of ectors. A far use of far use of the of t	m 21 is m			ed alive ar	4 37	19_		nd that in (my) (au apinia	n death accurred an the a	date and hour	
•	ITAL OR by the he RAL DIRE detache tote Dep	NT. #	d	22b. SIGNATURE	G	ing/.	Smith	6 /		MEDICAL STA	CIAN []	220. DATE S
	O FUNE	MPORTA		Dr. Geor			n, Jr.,	M.D.	804 Tol	House Av	e., F	rederi
	FFLV	_ ,	23n P	LIRIAL CREMATION	REMOVAL	22h DATE	23,	NAMEOFO	EARTEDY OR CREAMATORY	234 LOCATION		

FOR

REGISTRAR

- STATE

23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 1980 Lutheran Cemetery Middletown, BP. Basford Funeral Homes of Keeney, (VRA 15 (4)) Church S. reet Frederick. Md.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🦂

REG. NO

26 HOUR

HOURS.

12b. KIND OF BUSINESS OR

DeGrange 916A Good Intent

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22c DATE SIGNED

and that in (my) (queropinian death accurred an the date and hour and from the causes stated

804 Toll House Ave., Frederick, Md.

BETWEEN ONSET AND DEATH

STATE

that (1) (we) last

10:00 A M

DHMH - 16 60M 1/75

8 1 0 8 1 = V B ME HAT THE BOTH The second secon Control of the bord of the control o Bond 22 - 1-100 Right Michael I. Layer W. Layer Sand in a property of the second state of the second

completely filled in by the funeral director, 1 and 2 should be filed within 72 hours after

FOR

STATE OF MARYLAND

	1-	STATE REGISTRAR		DEFARIT	CERTIF	ICATE OF DEATH	ITGIENE	REG. N	0.	0	J	1 4
	I. DEC	CEASED NAME FIRST ORPRINT) I SABEL	-00	IROE	LEF	AHY	2a DATE	OI DEATH	JULY	21 1'	AR 2	HOUR
		Female	Cau.		5 DATE O	H DAY YEAR		65	YRS.	IF UNGER I		IF UNGER 24 HRS
7	CC	RTHPLACE (STATE OR FOREIGN OUNTRY) New York	U.S.	WHAT COUNTRY?	WIDOWE		F	nore city o rederic	ek	OF DEAT	rH	MD.
2	Fo	xville	14769 H	HEACILITY, GIVE STREET	uver		(TYPE OF W	ALOCCUPATI PORK FOR MOST O USE W11	F WORKING LI			BUSINESS OR
2	Ma		derick	GIVE RESIDENCE SEFOR		YES NO K		et address 59 Herri	nan Ha	uver	Rd.	
C	14 FA	Archiest E.	WIDDLE N	lonro est		Maude	NAME	MIDDLE		axton	LAST	
		VAS DECEASED EVER IN U.S. AR YES, MORUNKNOWN) (IF YES, GIV		220-07-4		Mrs. Sandra	Russo					er Rd.
		PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause a1, stating the underlying cause last	DUE TO, OF	METASTI RAS A CONSEQUE RAS A CONSEQUE	ENCE OF	CARCINOM	M 07	- Co	LON		24	years.
~	CERTIFICATION	PART 2 OTHER SIGNIFICANT (NOT RELATED TO THE TE	Auto	ASE OR CON	20b. IF YE	S, WERE FI	INDING	
1		21R ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1100000	M. MONTH D	AY YEAR	21c HOW INJURY OCC	YES		YE	ES 🗌		NO 🗌
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOY	WN	COUNT	Y	STATE
		220.1 certify that (1) (this hospi saw the deceased alive an abave, (1) ((**)) (did no 22b. SIGNATURE	JULY	3 19		nd that in (my) () apini DEGREE ATTENDING	MEDICA	AL STAF	FF .	ur and from	-	
		MARY E. W	RPKINT]	and		PHYSICIAN 122R ADDRESS 1708 DAK	11	AUE	+	AGER	217	JUN 1
	23e. B	iurial, cremation, removal Gremation	2367722/	80 23c	edar	EMETERY OR CREMATOR	234. LO	tland		COUNTY		Mc IATE

DHMH-16 25M (VRA 15, 4) 1/79

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or

should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene pr TO FUNERAL DIRECTOR: After this certificate

Darley Funeral Home

615 E. Main

Thurmont, Md. 21788

Md. TATE

			Pas	• 17		
	ic ir eper		X	.B.17		inol mail
	9 9200		auver Me.	1769 remain B		A The men
.5	11769 en en seuver	X.	91	livno onvil	rece	bastras
	notxe	enus		onroe	•	roi
	usso 1476; leman uu lanba, ko. 2176	s. Sandra	illa Ar	220-07-		οN
	agency ag					

estilities (Iii rais) (IV) softweet

wiley unerol one of a mind a long unerolated

BTT . bW , dno rut

DHMH - 17 (VR A15 ME (5)) 15M 7/76

Skiles Funeral Home

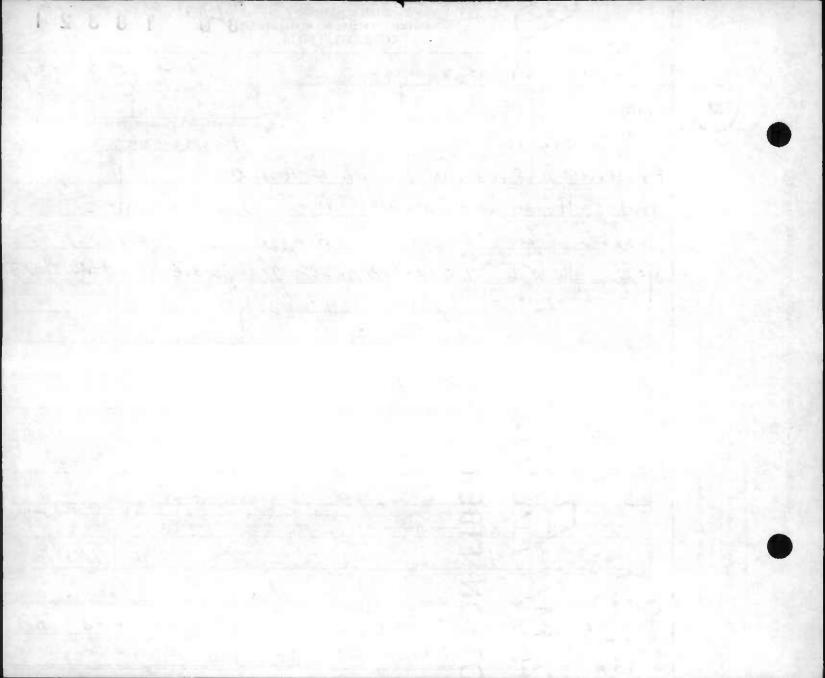
Dorothy Morgan Levering Sex	1	FOR = STATE REGISTRAR			STATEPARTMENT OF I	HEALTH	AARYLAN H AND MI CERTIFIC		YGIEN	B _H D	REG.	NO.	8	3	2	0
SEX				2.0		Т	L/O					☐ MC				76. HOUR
Female White Sept. 7, 1938 All yes DOUBLE DATE DOUBLE DATE DOUBLED To BROWNED DEAD To BROWNED TO			Dorothy	IVIC	0		4			DEATH					, 80	M
Toble Tobl			9009 0 1	MONTH DAY	YEAR LAST BIRTHDA	AY) MONT				PRONOUN	CED	МО	7		9 80	2d, HOUR
Taneytown 1694/2 Bull1frog Road	7a	FOREIGN COUNTRY)							ED 🔲			_				MD
18. STATE 138. COUNTY 136. COUNTY 136. CHY OR TOWN 136. STREET ADDRESS 16942 Bullfrog Road 16. FARTHER NAME ROLL 16. MODILE 16. NOTHER S. MAIDEN NAME 16. MODILE 16. NOTHER S. MAIDEN NAME 16. NOTHER S.) 10.			(IF NOT IN SUCH FACI	LITY, GIVE STREET ADDRESS)		HER INSTITU	TION	FOR N	AOST OF WOR	(ING LIFE)	(TYPE OF W	1	OR II	NDUSTR	Υ
ROLAND RO	130	a. STATE	13b. COUNTY		13c. CITY OR TOWN				13e. STRE	ET ADDRE	ss ullf:	rog	Roa	d		
Record of Death (Enter only one couse per line for (a), (b), and (c).) Record of Death (Enter only one couse per line for (a), (b), and (c).) Record of Death (Enter only one couse per line for (a), (b), and (c).) PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	00	FIRST	M	AIDDLE			F	IRST	N NAME	M	IDDLE		F	ink	ST S	
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 16	(YES, NO, OR UNKNO	D EVER IN U.S. ARMED OWN) (IF YES, GIVE WAR						Leve	ering	APP8	942 nevt	Bul	lfro	og R	oad 787
19th Condition for which operation 19th Condition for which operation was performed? 20. Aut YES		gave riscause (a) lying cou	se to immediate) stoting the <u>under-</u> use lost.	DUE TO, OR A			SE OR CONOITIO	N GIVEN IN PAI	RT 1 (a).							
UNDERLYING OR CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK 21d. Inspection	2	19a. DATE OF	OPERATION	19b. CONDITI	on for which oper	ATION V	VAS PERFOR	MED?					8		TOPSY?	NO 🖹
AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL . SIGNATURE . DATE . SIGNED . B12 Toll House Ave . EXAMINER'S NAME Robert J. Thomas, M.D ADDRESS . Frederick, Md. 217	small !	LINDEDIVINIC	G OR	HOUR A.M.	MONTH DAY YEAR		OW INJURY	OCCURRE	D (ENTER M	NATURE OF INJ	URY IN ITEA	A 18 PART 1	1 OR PART			
death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . DATE SIGNATURE .			NOT WHILE							CITY OR TO	WN		COU	чtү	71	STATE
(TYPE OR PRINT)ADDRESS		death result ACTUAL SIGNATURE	Abut	COUSES X	Accident , Su	bicide	Homic	cide .	Undete MED	CALEXAN	INER]. Hou	DATE SIGNED	Ave		80
236, BURIAL, CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMATORY 234, LOCATION	23	(TYPE OR PRI	NT)			·		ORY	123d. LC	CATION						
July 10,1980 Lake View Mem. Park Sykesville, Carroll, No. 1980 Lake View Mem. Park Sykesville, No. 1980 Lake View Mem. Park Sykesvil		Buri	al J	uly 10,1	980 Lake V	iew I	Mem. P	ark	Sy	Kesvi	11e,	Car	rrol	1, I	Mary	land

ADDRESS 136 E. Baltimore St. Taneytown, MD 21787

The second of the last of the

(VR A 15 (4))

	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	Jens 3 2 1
Pope 3	TYPE	EASED NAME FIRST DR PRINT] JESSE	HILLARD 14 RACE	LE W IS S DATE OF BIRTH	20 DATE OF DEATH	
A STATE OF THE STA	7a BIF	MALE ITHPLACE (STATE OR FOREIGN UNITS) CANOLINA	NEGROID 76 CITIZEN OF WHAT COUNTRY?	MONTH DAY YEAR 1 22 MARRIED NEVER MARRIED WIDOWED DIVORCED	57 BALTIMORE CITY OF	YRS MONTHS DAYS MOURS MIN
47	F	Y OR TOWN OF DEATH ***CAC ~ CCP L RESIDENCE (IF NURSING HOME O	FOR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	NG HOME OR OTHER INSTITUTION ADDRESS) Memorial Hosp EADMISSION)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. KIND OF BUSINESS OR
11 85	Y A FA		derick Freder Middle LASI H. Lewis	YES NO I	ME MIDDLE	PART ST
con and con to the medical	60 W	AS DECEASED EVER IN U.S. AR (IF YES, GIV L S W. W.		7749 mirdis Ke	ADDRE	BryANT ATTE BALTO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d by the ottending five lease remove carbon pro- iol, cremption or remove or other traumotic remot		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ic encephalers	hy	BEIWERN ONSELAND DEATH
X Co	CERTIFICATION	PART 2 OTHER SIGNIFICANT	an titre	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
nding ph his certifi buriol-tr d Mentol or Item 3	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFEITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE		21f LOCATION	RED (ENTER NATURE OF INJUR	
hospital or atter the defer to the defer to the defer to the lift on them 21 is marked		22a. I certify that (I) (this hosp saw the deceosed alive an	ital) attended the deceased frame	and that in (my) (ear) opinion DEGREE		19 that (I) (we) tost ate and hour and from the causes stated 12c. DATE, SIGNED
TO FUNERAL D should be detected with the Stote D IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O	EHAlcorsum	22e ADDRESS	MEDICAL STAF	
BP	Ì	URIAL, CREMATION, REMOVAL DUTIAL NERAL DIRECTOR				CK FOLD STATE MAZ 25b. REGISTRAR'S SIGNATURE



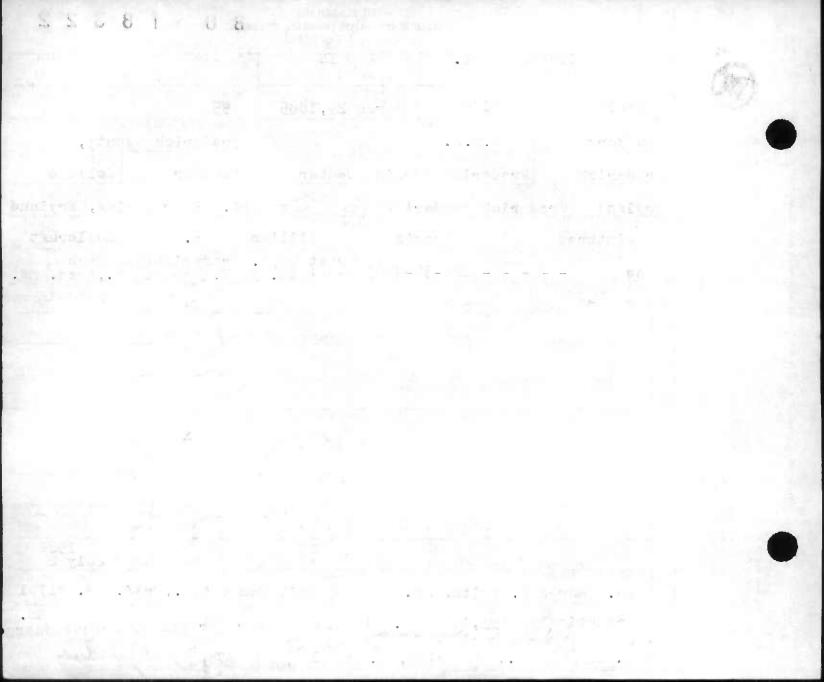
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Fail retained by the haspitol or ottending physician. TO FLINERAL DIRECTOR: After this certificate has been staned by the oftending physician and completely filled in by the funeral Hispanian.
should be detached for use as the burial-transit permit. Then please remave corbonopaers. Pages 1 and 2 should be filed within 72 haur with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.
IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, or ather traumatic event, the medical examiner must be natified at ance.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN	0	1	8	3	2	
CERTIFICATE OF DEATH	REG. N	١٥.				
20 DATE	OF DEATH	MONTH	DAY	VEAR	26	MO

	1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL'H	YGIEN	REG. NO	1 8	3	4 4	eli.
		CEASED NAME	Berth		M SDIE	_	POMIS	20. DATE		MONTH DA	Y YEAR	26 HOUR	_
	11176	OK PKINI)	BERTHA	+	L- ·	100	his			7 - 1	- 80	930	O M
	3. SEX			4 RACE		5 DATE O		6 AGE (II	YEARS LAST BIRT		UNDER LYEAR	IF UNDER 24	HRS
		Female		Whit	5.0	Mare	h 29, 1885	9	5	YRS	NIHS DAYS	HOURS	MIN
7		RTHPLACE (STATE (DUNTRY) W York	OR FOREIGN		WHAT COUNTR	MARRIED	NEVER MARRIED	Y	ocecity o	_			MD.
0		rederic		LIE NOT IN SU	HOSPITAL, NUR CHEACILITY, GIVE STR PICK NU	PEET ADDRESS)	center Center		AL OCCUPATION FOR MOST O		126 KIND O INDUSTRY	F BUSINESS	-
5	130 S Ma :	AL RESIDENCE JIEN STATE ryland	13b COUN	other institution TY lerick	GIVE RESIDENCE BE	DWN 1	13d INSIDE CITY LIMITS? YES NO	13e STREE	#2 F	reder	ick, M	aryla	and
C	14 FA	THER'S NAME Winth	rop ^	NDOLE	Loon	nis	IS. MOTHER'S MAIDEN I		MIGDLE	S	chool	craft	t
		VAS DECEASED EV (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SE	or tales to the	Trust Co.	t. Fr	ederi Mar	cktown ket S	n Ban t.Fr	k &	Md.
		18 CAUSE OF DE PART I. DEATH			line for (a), (b).	ond ic						MATE INTERVA	ATH
		4297	IMMEDIAT	E CAUSE (o)	R AS A CONSEC								
		Conditions, if ony, which gove rise to immediate											
		couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF											
	NO	PART 2 OTHER S	IGNIFICANT C	ONDITIONS C	ontributing t	O DEATH BUT	NOT RELATED TO THE TE	rminal dise	ase or coni	DITION GIVEN	V IN PART 10	> 1	
	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHI	CH OPERATION	N WAS PERFORMED	200 AU	ITOPSY?		WERE FINDING CAUSES		?
		21g. ACCIDENT WAS OR CONTRIBUTING [] IF EITHER, NOTIFY MI	CAUSE OF DEA		M. MONTH	DAY YEAR	21c. HOW INJURY OCCI	URRED (ENTER		Y IN ITEM IB, PAR	T I OR PART 2)		
	MEDICAL	21d. INJURY OCC	URRED	21e PLACE		CE, FARM, ETC.)	231 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE	E
		220.1 certify that	(1) (this hospit	30 00	و	~	d that in (my) (pur) apinio	5 , to on death accu	rred on the do	, 19 ote and hour c		that (I) (we)	
		22b. SIGNATURE	Teagr	1.50	H J.	h.	DEGREE ATTENDING PHYSICIAN	MEDICA DIRECTO	AL STAF		22c. DATE	1980 y 2	Te
		Dr. G		,	Lth, Ji		804 Toll	House	Ave.	,Fred	. Md.	2170	01
	23a. B	URIAL, CREMATIO	N. REM	July3	23	C NAME OF C	metery or cremator ncoln Ceme	Y 23d. LO	CATION		OUNTY	si M e	d.
	3 Fi	PEH PHES	1-4-7	eenev			eralHome	ATE REC'D, BY	REGISTRAR	25b, REGISTRA	AR'S SIGNAT	URE GE	org
	10	6 E. Ch	urch				2 701		80	tioppy	Araby	hely	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Figure 4 may be retained by the hospital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. It is a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours. With the State Dest. of Health and Merital Hotiene prior to burial cremation or removal.	
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	8 3 2 3
I DECEASED NAME FRST TYPE OR PRINT) Luvinn	ia Elizabetl	h MCBRIDE	July 29, 1980	DAY YEAR 21 HOUR 4:45
3 SEX Female	White	5. DATE OF BIRTH March 10, 1888	6. AGE (IN YEARS LAST BIRTHDAY) 92 YRS.	IF UNDER I YEAR IF UNDER 24 HRS
Po. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED	Frederick	
IN CITY OR TOWN OF DEATH Frederick	Frederick Mel		17 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE HOMOMORY OF THE PROPERTY OF THE PRO	126 KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME O 136 STATE 135 COU! Maryland Fre	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13C CITY OR TOW I derick Ladies	burg yes no k		Ladiesburg, Md
14 FATHER'S NAME Cherles	S. Frale	y Unknot	MIDDLE	Car't'y
16d WAS DECEASED EVER IN U.S. AR 17ES, NO ORUNKNOWN) IIF YES, GN	RMED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 218-38	3.6	W. McBride, sa	ame as above
	DUE TO, OR AS A CONSEQUIOR (c) CONDITIONS CONTRIBUTING TO Regulat & Leg 196. CONDITION FOR WHICH	50 515 A 4 dominal	AINAL DISEASE OR CONDITION GIV	, WERE FINDINGS USED
198 DATE OF OPERATION 7/22 7/24/8 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AUSE OF DE (IF EITHER, NOTHY-MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D.		YES NO X YE	
AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
sow the deceased alive or obave. (I) (we) (did) (did no 22h SIGNATURE NI CHORAS D 22d PHYSICIAN'S NAME (1798 C	or view the body offer death. Solver the body offer death. PREPRINT) RS P. Foris	DEGREE ATTENDING PHYSICIAN [272e ADDRESS 801 Tollho	MEDICAL STAFF DIRECTOR PHYSICIAN USE Ave., Fred.	22c. DATE SIGNED
230 BURIAL, CREMATION, REMOVE SUP 181	Jug 1980 M	Name Of CEMETERY OR CREMATORY It Olivet Cemete	1334 LOCATION CITY ORTOWN PY Frederick F	county state rederick Md.

BP. DHMH-16 25M (VRA 15, 4) 1/79

106 E. Church St. Frederick, Md. 21701 AUG 5 1980

0 5 0 6 1 0 8 mer number of the name of the SE 18581 AT YOUR THANKS IN THE THE re-mini to, we are the southern With a series of the series of

Use zaua

7	
0	1

n and campletely filled in by the fure Pages 1 and 2 shauld be filed within

the attending physician

certificate has been

other traumatic

Hem 18 show

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

8	0	1	8	
-0	0		•	

1	8	3	2	4

REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	E. E.	MCCUTCHEN	20 DATE OF DEATH	7/15/80	26 HOUR 4
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		
Male	White	July 21, 1920	59	YRS. DAYS	HOURS MIN
10. BIRTHPLACE ISTATE OR FOREIGN COUNTRY Maryland	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Engdoni	ick County	MC
ID. CITY OR TOWN OF DEATH Frederick	Frederick Me	RSING HOME OR OTHER INSTITUTION IREET ADDRESS! Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Welder		of Business or
USUAL RESIDENCE (IF NURSING HOME C 130 STATE Maryland Fre	OR OTHER INSTITUTION, GIVE RESIDENCE BINTY INTY CHECK NOXVI	OWN 134 INSIDECITY HAITS		oce Drive 21	1758
John H	McCutch	en Essy	NAME V MIDDLE	Oden	ST
	RMED FORCES? 166. SOCIAL S VE WAR OR DATES) 219 0		51001 E. McCutcher		e, Md.
PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSE	TE MYOCARDIA	L INPARCTI		KIMATE INTERVAL ONSET AND DEATH
		TO DEATH BUT NOT RELATED TO THE T			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES YES [
22.22.112.12.12.12	ATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DE CIFETHER, NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	PICE, FARM, ETC.]	CITY OR TO	wn county	STATE
saw thembereautholive of	oital) attended the deceased from 15 1	570	ion death occurred on the d	15 , 19 KO , ate and hour and from the	that (1) we) lost
77% SIGNATURE	A CANADA	DEGREE ATTENDIN	G _ MEDICAL _ STA		SIGNED

should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene priar TO FUNERAL DIRECTOR: retained by the IMPORTANT: BP.

haspital

DHMH - 16 60M 7/73 (VRA 15(4))

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial

ALLGMER

224. PHYSIGIAN'S NAME (TYPE OF PRINT)

JAYNE

23d. LOCATION CITY OR TOWN

BRUNS WICK

MD. 21716

Burial July 18, 1980 St. Paul's Episcopal Point Of Rocks, Md.

24. FUNERAL DIRECTOR 100 Peters wille Road John T. Williams Funeral Home Brunswick, Md. 202162 1980 24. FUNERAL DIRECTOR

S = 8 The United and a second a

Adjustment 3

ACT - WEST- COATS

william to the Lategor Independ coloring to account

advid evin account on a first a fillioned Male better months a

and compared to the first many

une etiti bi apidepil bio le and estiti . . .

N.	FOR - STATE REGISTRAR	INVERT	STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH . MOPADDEN	REG. NO.	18325
	PECEASED NAME PRIST	L MODIE	c Fadden	26 DATE OF DEATH MO	- 0.0
3 Si	F	1 RACE	DATE OF BIRTH MONTH DAY YEAR July 17 1913	4 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS M
1 2 Con	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		MARRIED NEVER MARRIED WIDOWED NORCED	Frederick	COUNTY OF DEATH
The with the	CITY OR TOWN OF DEATH Frederick-1	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION PRESS) Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI HOME MAKET	
USU 136.	UAL RESIDENCE (# NURSING HOME OR STATE 136 COUN aryland Frede			13. STREET ADDRESS Route 1, Mt	. Airy,Md.
and 2 sh	FATHER'S NAME William	Howe 11	IS. MOTHER'S MAIDEN NAV FRST Delena	WE	McKinney
	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURI WAR OR DATES) 578 05 982		710 Hurley	Avenue, Rockville
is signed by the attendant of the please remove confined to burial, cremation, or any injury, or other troumatic			Mys. Infunction of the term		
core has been signated by the state of the s	190 DATE OF OPERATION	196 CONDITION FOR WHICH O		YES E NO	OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
rial.tr	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	216 TIME OF INJURY HOUR A.M. MONTH DAY P.M. 218 PLACE OF INJURY	YEAR 19 21t. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	I ITEM 18, PART 1 OR PART 2)
the ond	WHILE OT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FAR		CITY OR TOWN	COUNTY STATE
Director Arrange oched for use os Dept of Health If Item 21 is mort		to) ottended the decease from 1981	DEGREE		ond hour and from the couses stated
should be detected in the State DimpoRTANT: If	22d. PHYSICIAN'S NAME (TYPE OF	PRINT) L. Kaufmann, M.D.	20 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN ve. Freder i	1
/30	BURIAL, CREMATION, REMOVAL (SPECIFY)	123h DATE 123r NA	ME OF CEMETERY OR CREMATORY erry Hill Cemeter)	23d LOCATION	
2451			Funeral Home 250 DATE	EREC'D. BY REGISTRAR 256	

* t

		4 10
		0
		117
1		0
		9
		c
		0
		÷
		82.1
		Ť
		40
		-
Ĩ		9
		¢
		3
		0
		6
		0
		£
		200
		ř
ì		P.
		7
		i
:		÷
		9
		1
-		200
		4
		25.6
		Ė
		ž
		h
		ż
		<
•		ζ
		ū
		2
		ă
		ATTENDING
		ž
		2
		2
		L
		۴
		4

5

Till by

2 e

38

marked or Item

MPORTANT:

TO FUNERAL DIRE should be detached for with the State Dept.

DHMH-16 25M

(VRA 15, 4) 1/79

BP.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE · STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE LAST 28 DATE OF DEATH MONTH I DECEASED NAME FIRST 26. HOUR TYPE OF PRINTS WILLETT E. MCFADDEN July 1980 5 DATE OF BIRTH 3 SEX 4 RACE A AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS Male White Nov. 1910 TR. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED arvland U. S. A. Frederick WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II CITY OR TOWN OF DEATH 128 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Frederick Memorial Hospital Engineer & P Tel. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 113c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland rederick Mt. Airv YES T NOT Route 1. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE William Palmer McFadden Ida Ewing 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESMt. Airy, Maryland (YES NO OR UNKNOWN) I LIE YES GIVE WAR OR DATEST argaret H. McFadden Route 1, Box 141 B. No 577 01 2930 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ich. PART I. DEATH WAS CAUSED BY DIM IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 706 IF YES, WERE FINDINGS USED % DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO IT YES [71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDIC 714 INJURY OCCURRED 71R PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 278 1 certify that (1) this hospital) attended the deceased from 19 80 (my (our) opinion death accurred on the date and hour and from the causes stated ond that above (1) we (did) (did not) view the body after death 27% SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL mann PHYSICIAN [3] DIRECTOR | PHYSICIAN July 9.1980 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22R ADDRESS Robert L. Kaufmann, M. 804 Toll House Ave. Frederick, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e BURIAL, CREMATION, REMOVAL (SPECIFY) CITY OF TOWN COUNTY STATE Burial Cherry Hill Meth.Cem. Cherry Hill Cecil 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Basford Funeral Home Keeney & 106 East Church Street, Frederick, Maryland

0 2 . 0 1 0 8 11 = 12 2 0 Continue of States 81123 Roberty Ching Ath Millians 16/12 84 July 28 . Control of the Contro

(TY	CEASED NAME	FIRST		MIDDLE		LAST			20. DATE K	NOWN
	PE OR PRINT)	HENRY		J.	MC	FARL	ANE		OF DEATH	ESTI-
3. SE.	x nale	M	OATE OF BIRTH DAY Ct. 23,		BIRTHDAY) MONTE	DER 1 YR.	IF UNDER HOURS	24 HRS. MIN.	2c. DATE PRONOUNG DEAD	CED
70. B	RTHPLACE (STA	TE OR 7b.		HAT COUNTRY?		ED NE			9. BALTIMO	
10. C	Scotland ITY OR TOWN C			PITAL, NURSING			DIVORCI	12a. USU	JAL OCCUPA	ATION (IY
	ederick	F IN NURSING HOME OR OTH		oth St.	(DMISSION)			Te	acher	
130. S Ma.	ryland	Frederic		13c. CITY OR TO	WN	13d. INSIDE CI YES 🔀	NO 🗆	103	E. S	
	ATHER'S NAME FIRST		DDLE	LAST	-77		R5T	NAME	MIC	DLE
160.	illiam WAS DECEASED (ES, NO, OR UNKNOW	EVER IN U.S. ARMED		McFar 1a		17. INFORM	itia			ADDRES
	No	DEATH (Enter only on		212 50		Annab	elle	E. W	right	21
	gave rise cause (o) s lying caus	if ony, which to immediate tating the under-	(b) DUE TO, OR	ute drug AS A CONSEQUE AS A CONSEQUE	NCE OF	nor	tript	ylir		
FICATION	190. DATE OF C	OPERATION	196. CONDIT	ION FOR WHICH	OPERATION W	AS PERFOR	MED?			
CAL CERTIFICATION	21a EXTERNAL	CAUSE WAS	21b. TIME OF HOUR A.M	INJURY DAY	YEAR 21c. HC	OW INJURY	OCCURRE		NATURE OF INJU	
MEDICAL CERTIFICATION	21a EXTERNAL UNDERLYING CONTRIBUTIN 21d, INJURY O	CAUSE WAS OR G CAUSE OF DEAT	216. TIME OF HOUR A.M. H P.M.	INJURY MONTH DAY	YEAR	DW INJURY inges	OCCURRE	verd		of dr
MEDICAL CERTIFICATION	210 EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK	CAUSE WAS OR CAUSE OF DEAT COURRED NOT WHILE AT WORK rthot I took charge of	216. TIME OF HOUR A.M. P.M. 21e PLACE C STREET, FACT. D O U:	INJURY MONTH DAY TO OPENJURY (AT HO	YEAR 21c. HC	ow injury inges cation recet E.	occurred ted co 6th S	st.,	dose d	of dr

Items 18,216-22a G546 8/20/80 destate of MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REGISTRAR 2b. HOUR 80 19 DAY 14 HOUR 4:30 YEAR 19 80 10 OR COUNTY OF DEATH County PE OF WORK THE SECTION OF BUSINESS Fred. County Street LAST Simpson Glasgow, Scotland Crosshill Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH riptyl 20. AUTOPSY? YES NO 8 PART 1 OR PART 2) rugs

Md. STATE

nd in my opinion

DATE SIGNED.

ince Georges Md

7-11-80

Smith, Fadeley, Keeney & Basford Funeral Home 106 East Church Street, Frederick, Maryland

(VR A15 ME (5))

15M 7/77

1.55					
in the state of			1	·22] G	
A PROPERTY OF					
				The state of the s	
					2
26.01.7.7.11	res . th		1019 (197.4)	solm feta	e dealer
na mil				*	
	, 411 - 111 .		*		
		en a lab			
44				to the	
	ven alles		•		



certificate

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

6-13		. 14
3	2	8
V	La	-

REGISTRAR			CERTIFIC	ATE OF DEATH	REG.	NO		
1 DECEASED NAME FIRST		MIDDLE	LAST	1	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
TILLA	Es1	ELLA	Mob	EY		7	7 80	715 7hm
3. SEX	4 RACE	W	DATE OF E	BIRTH YEAR	6 AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland			MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY Frede		Y OF DEATH	MD.
IN CITY OR TOWN OF DEATH Frederick	Frederi		al Hos		TYPE OF WORK FOR MOST Housewife	OF WORKING L		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 136 COI Maryland Fred		130 CITY OR TOWN Frederick	13	INSIDE CITY LIMITS?	13e STREET ADDRESS 124 Clark		e	v. Lie
14 FATHER'S NAME FIRST John 160 WAS DECEASED EVER IN U.S. A	MIDDLE W.	Snyder Itast Snyder		MOTHER'S MAIDEN NO PIRST ESTELLA	MIDDLE	RESS ed s	Gearha	
	IVE WAR OR DATES)	217 10 28		au1 Eugene				
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANS 19a. DATE OF PRATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, CONDITIONS C		CE OF		MINAL DISEASE OR CO	20b. IF YE	ES, WERE FIND!	INGS USED
OHIE OF					YES NO		IFÝING CAUSES (ES 🔲	NO [
OR CONTRIBUTING CAUSE OF E	R) P	.M. MONTH DAY .M.	YEAR 19	Te. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN.	JURY IN ITEM 18.	PART 1 OR PART 2)	
214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FAR		IF LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
228.1 certify that [1] this has sow the deceased of the above [1] we (did (did 22b. SIGNATURE	Ju	6 19 8		that in (my) (our) opinion GREE ATTENDING	MEDICAL ST	AFF		tho (I) (we) lost e couses stoted
226. PHYSICIAN'S NAME (TYPE	OR PRINT)	<i>/</i> C	2001 12	2e ADDRESS	DIRECTOR PHYS	ICIAN []	1 //	780
W. J. Ric			ME OF CEA	Parkview Me	dical Cente	er Fre	derick,	Md.
(SPECIFY)	ZJO. DATE	136 IVA	THE OF CEN	ILIERI OR CREMATORY	CITY OR TOWN		COUNTY	STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 mill the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY Olivet Cemetery

Frederick

STATE

ATE REG DISTRAF AL PERE 25 HIERA DIRECTOR ley, Keeney & Bashard Funeral Home 106 East Church Street, Frederick, Maryland

ctor, page 3 softer death

ector,

1 and 2 sh

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumotic TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the bunal-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

pe moy

within 24 hours ofter death. Page 4

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

6.	0	20.0		
0	8	Ú	2	3
250			10.00	

- STATE REGISTRAR	44.75		CERTIF	ICATE OF DEATH	REG. N	10.	3	2 7
1 DECEASED NAME (TYPE OR PRINT)		MIDDLE	100	arhonaghan	20 DATE OF DEATH	7-2	YEAR -80	26 HOUR 6 12 AM
3 SEX	4 RACE	W	S DATE O	OF BIRTH	6 AGE (IN YEARS LAST BE		UNDER I YEAR	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	U. S.	WHAT COUNTRY	? 8 MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY Freder:		FDEATH	
10 CITY OR TOWN OF DEATH Frederick	11. NAME OF		NG HOME (T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Supervisor	TION OF WORKING LIFE)		of Counties
14 FATHER'S NAME	POTHER INSTITUTION UNITY	GIVE RESIDENCE BEFO 113c CITY OR TOV Frederic	re admission) NN	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA			e	
Edward	J.	Monagh		Catherine	MIDDLE		Wright	t
	RMED FORCES? VE WAR OR DATES)	110 20	7665	Mrs. Lieselot				Maryland Avenue
Conditions, if ony, which gove rise to immediate couse 10. stating the underlying couse lost	DUE TO, O DUE TO, O DUE TO, O C(c)	R AS A CONSEOL	JENCE OF	o. inforte		NDITION GIVEN		House
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDI	
OR CONTRIBUTION CAUSE OF D	LAIN	DE INJURY .M. MONTH [.M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	1 OR PART 2)	
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE.	, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
220.1 certify that (1) this has sow the deceased alive a obove (11) we yidid (did r 22b. SIGNATURE	on 7/2 not) view the body	19_		nd that in my (our) opinion DEGREE ATTENDING PHYSICIAN 226 ADDRESS		AFF	nd from the	, tho (we) lost e couses stated E SIGNED
Robert L				Toll House A	venue, Frede	rick, M	ary1a	nd

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician

DHMH - 16 60M 1/75 (VR A 15 (4))

ry Woodsboro Frederick

1250. Date rec'd. By registrar

1980

Md.

Burial O July 5, 1980 Mt. Hope Cemetery SWFFFF DIRECTOR Keeney & Bastor Funeral Home 106 East Church Street, Frederick, Maryland

8 S & 8 1 0 8 . . . 3 10. , and the state of the state of

	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENES O 1	8 3 3 0
the second		CEASED NAME FIRST Mabel	Virginia	Ohler	20 DATE OF DEATH MONTH	24 80 2b. HOUR
0 p	3 SE	X	4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
a coro		Female	Caucasian	8 22 1904	YRS	11 2
2 hou		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
85		Maryland	U.S.A.	WIDOWED X DIVORCED [Frederick	MD.
O Confied	10 C	Thurmont	(IF NOT IN SUCH FACILITY, GIVE STREET 44 Blue Ridg	IG HOME OR OTHER INSTITUTION ADDRESS) e Ave.	TYPE OF WORK FOR MOST OF WORKING Practical Nurs	life) 126 KIND OF BUSINESS OR INDUSTRY Nursing
must be	USU. 13a S	STATE 136 COUL	ederick Thurmo	N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS 44 Blue Ridge	
exominer	14 FA	THER'S NAME FIRST Harry	V. Baxter	IS MOTHER'S MAIDEN PRINTERS NOTMA	A ^{IDDLE}	Forney
gned by the attending physicia in please remove carbon papers. Burial, cremotian, or removal. rry, or ather traumatic event, the	7	PART I. DEATH WAS CAUSE IMMEDIA Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ney flironto Scholic Cora ENCE OF	REDVOCALLOJ DE	
ene prior to aws any inju	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	· IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
entol Hygientol Hygien 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	AY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18	, PART I OR PART 2)
os me ou th and M arked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIRECTOR: A sched for use Dept. of Healt I flem 21 is me	A 10	220.1 certify that (1) (this hasp saw the deceased alive as abave (11) we see I did no	ital attended to deceased fram_ 19_ to view the body after death.	, 19 , and that in (my) (our) apinin	an death accurred an the date and ho	that (1) we) last ur and from the causes stated 22c. DATE SIGNED
FUNERAL uld be deta the State of the State		224 PHYSICIAN'S NAME (TIPE O	RTHOUT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	

DHMH - 16 60M 1/75

(VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

7-26-80

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Creagerstown

23d. LOCATION CONTROL COUNTY C

st Md.

ADDRESS 1201 N. Market Dailey & Son Fun. Homes Fred. Md.

0 8 1 8 1 0 8 6			
		o 1904 at the lifted was .	
		And the same	
		the second	
		. TV (FILE MELLINO)	
1		Typicania (Applicate)	
With the second			y The second
	Mary E. I.	SAN -NO-FOR	
		51	
		and the second	
0001033	1		

n and completely filled in Pages 1 and 2 sharld the

njury, or other troumotic event, th

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending phy should be detached for use as the buriok-transit permit. Then please remove corbon pawith the State Dept. of Health and Mental Hygiene prior to buriok, cremation, ar remov

IMPORTANT; If them 21 is morked or Item 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

8 3

1-	FOR STATE REGISTRAR			DEPARTA		FICATE OF DEATH	REG.	1 8	3	3 1	
	CEASED NAME	FIRST	A	MIDDLE	1	LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	>
	Edwar	d	Raym	ond	Pe	earl	July 28	3, 1980		91101	٨
3 SE	Male		4 RACE Ca	u.	Oct.	OF BIRTH 7, 1900 YEAR	6 AGE (IN YEARS LAST)		IF UNDER I YEAR	HOURS M	IN.
	RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY Freder	OR COUNTY	OF DEATH		Mſ
10 C	TY OR TOWN OF DEA		(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Frederic)	T OF WORKING LIFE) INDUSTRY	OF BUSINESS	OR
13a S	ALRESIDENCE (IF NURS STATE aryland	ING HOME OR	OTHER INSTITUTION,		ADMISSION)	13d. INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRES 1208 N. N	S			
	THER'S NAME FIRST Unknown		AIDDLE	LAST		15 MOTHER'S MAIDEN NAME FIRST Carrie	WIDDLE	Der	zilhiss	5	
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		WAR OR DATES)	214→10→5		Mrs. Shirley		510 Lee Freder:	ick, Md	1. 2170	_
	PART I. DEATH W Conditions, if ony, gove rise to imm couse to imm couse rouse to imm couse rouse	which mediate g the last.	DUE TO, OI DUE TO, OI DUE TO, OI (c)	R AS A CONSEQUE	ENCE OF	(Weens,			100	you)
MEDICAL CERTIFICATION	PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTHEY MEDIC	TION DERLYING CAUSE OF DEA	196 CONDI	ITION FOR WHICH IF INJURY M. MONTH DA	OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	NGS USED	
MEDIC	21d INJURY OCCURI WHILE NOT W AT WORK AT WO 22a I certify that (1)	HILE CORK (this hospit	at otterded th	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	city or	28	COUNTY	STATE that (I) (we)	los
	sow the decess obove. (I) (worth 22b. SIGNATURE 22d. PHYSICIAN'S N. Berna:	MOZLO	0.0kg	emosp		DiGREE ATTENDING PHYSICIAN 22e ADDRESS N. Market	MEDICAL S'	TAFF	708	SIGNED 80	1
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23 _€ . N	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	_

BP.

OR ATTENDING PHYSICIAN: The

DHMH - 16 60M 1/75 (VR A 15 (4))

Burial 7/31/80

Dailey Funeral Home

Mt. Olivet

Md

Frederick Frederick

250. DATE REC'D. BY REGISTRAR SA GISTRAR'S SIGNATURE

2101 N. Market St. 701 AUG 0 4 1980

I E E 8 1 Company and the Company Carlot states and are by Assimption of the State of the Control of the State of the fer an entrement that the property and property and the state of the state of

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS	execute the certificate, writing the word "pending" in Pencil in Item 18, give pages 1, 2, and 3 to the funera	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHI	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W, PRES
	TO M	EXECL	PAGE	TO FL	AFTER

1-	FOR STATE REGISTRAR		- ME	DEPARTMENT OF HEADICAL EXAMINER	S CERTIFICATE O	F DEATH REG	1 8 3	3 2
	CEASED NAM		isy	WIDDLE	Potts	20. DATE KNOW! OF ESTI- DEATH MATED		80 Zb. HOUR
3 SEX	emale	4 RACE white	Jan. 12	1910 TO YRS.	ONTHS DAYS HOURS	24 HRS. 2t. DATE MIN. PRONOUNCED DEAD	6 6	YEAR 2d. HOUF 80 1:30
M	RTHPLACE (Spreign country)	i i		VHAT COUNTRY? 8. M. WID	ARRIED NEVER MARR	Freder	ick County of DE	MD
F	rederi	ck	Freder	OSPITAL, NURSING HOME, OR CACILITY, GIVE STREET ADDRESS! ICK Memorial Ho	other institution ospital	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE) HOMEMAKEY	(TYPE OF WORK 12b. KIND OR IT	OF BUSINESS NDUSTRY
13a. S	AL RESIDENCE TATE ATYLANC	13b. COUN		GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN Frederick	AES NO 🗆	130. STREET ADDRESS 145 E. Patric	ck St.	
W	ATHER'S NAM FIRST PLET		MIDDLE .	Lamm	15. MOTHER'S MAIDE Ruth	WIDDLE	McChi	mion
160. V	ES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	213-80-7284		M. Potts 27		st.
z	gave r cause (a lying ca		(b) <u>C</u> DUE TO, O	MAS A CONSEQUENCE OF R AS A CONSEQUENCE OF H BUT NOT RELATED TO THE TERMINAL OF	ronic obstru		ry dise se	
CERTIFICATION	190. DATE OI	FOPERATION	19b. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED?	5	100	TOPSY?
CALCERT	UNDERLYING	AL CAUSE WAS G OR ING CAUSE OF		M. MONTH DAY YEAR	alleged a	D LENTER NATURE OF INJURY IN ITE		Y WALK NO L
MEDICAL	21d, INJURY O WHILE AT WORK	NOT WHILE AT WORK		CTORY, FARM, ETC.)	tocation street Frederick	Fred. Co.,	Md., 55 S.P	atrict s
		ify that I taak charg ted fram: Natu	ge of the remains do	escribed abave, held an Aleccident , Suicide	trapsy XX Inspection Hamicide TITLE (SPECIFY) ASSISTANT	Inquiry , Inquiry , Undetermined manner	and in my apinian DATE SIGNED	6/7/80
Ken	EXAMINER'S (TYPE OR PRI	NAME HOTT	nez R.Gua	rd.M.D.	ADDIKESS.	Penn Street, B	3a l to.,MD 21	
23a.B	specify)	TION, KEMOVALI	DAIL	1989 Mt. Olivet			Frederic	k Md.

TO THE REAL PROPERTY OF THE PERSON OF THE PE and the testiment of a new total content to the second content to and for the . I let I do fortened the temperal under the Tig- (- File Cate Mine E. Catt.) Tig R. file M.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	- The state of the
TO HOSPITAL CAN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	7
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the principle of should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the first of Health and Mental Hygiene prior to burial, cremation, or removal.	X

STATE OF MARYLAND FOR STATE REGISTRAR 8 3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

		CEASED NAME FIRST	,	AIDDLE	L/	AST	20 DATE OF DEATH	HTMON	DAY	YEAR	26 HO	UR
	ITYPE	Donale	l Re	oger	REM	SBURG	July 1,	198	0		6	8. M
1	3 SEX	(4 RACE		5 DATE C	F BIRTH	& AGE (IN YEARS LAST BIRTH	IDAY)	# UNDE	RIYEAR	IF UNDE	R 24 HRS
		Male	Whi	te	June		61	YRS.	MONTHS	DAYS	HOURS	MIN
g		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	1 BALTIMORE CITY OF	COUNT	Y OF DE	ATH		
	M	aryland		S.A.	WIDOWE	D DIVORCED	Freder					MD.
	111	rederick	6135	HOSPITAL, NURSIN HEACHUTY, GIVE STREET, QUINN 01	G HOME C ADDRESS) Char	Read	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Engineer			kind o justry nen		ess or
1	13a S	at RESIDENCE IF HURSING HOME OF TATE 136 COL		GIVE RESIDENCE BEFORE	N .	YES NO	6135 Qui	nn C	reh	ard	l Re	ad
	14. FA	THER'S NAME FIRST Roger	MIDDLE A	Remsbui	rg	IS MOTHER'S MAIDEN NAM	Edn a MIDDLE		No	rrä	S	
		VAS DECEASED EVER IN U.S. A	RMED FORCES? WE WAR OR DATES) WE TI	214-14.		Mrs. Eva E	Belle V. R	ems k	urg	, 5	ame	a.
	7	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	(b)	RAS A CONSEQUE RAS A CONSEQUE DITTIBUTING TO C	NUOC ENCE OF	odeal mfo	INAL DISEASE OR CONE	DITION G	IVEN IN	PART 1(0'	
1	CERTIFICATION	190 DATE OF OPERATION	1% COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE			TH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM TO.	PART 1 OR	PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	ZII LOCATION STREET	CITY OR TOW	IN	cou	אזאנ		STATE
		22e I certify that (I) (this has saw the deceased alive a above, (I) (we) to d) (did to	on June	3 19		nd that in (my) (aux) aprinion	deoth occurred on the do	ite and ha		rom the		
		50 Signature	6. Com	wagn	n	The second second	MEDICAL STAF			2/2	2/8	Ó
		234 PHYSICIAN'S NAME (TYPE		amos T	20	228 Nonth	Market St.	Fre	eder	oie)	c. 1	1d.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam

DHMH-16 25M (VRA 15, 4) 1/79 230 BURIAL, CREMATION, REMOVAL (SPECIFY)Burial

234 NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY STATE

Middletown Lutheran Middletown Frederick Md 1980

REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN ATURE Keeney Basierd Funer 1 St., Frederick, Md. 21701 "SMITTHEF Stdeley 106 E. Church

8 6 6 8 9 6 8 8 8 8 And the second s La terra de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la

and 2 should be filed

Pages 1

event, the

ar other 1 please

CERTIFICATION

MEDICAL

to by

After this certificate has

TO FUNERAL DIRECTOR:

PHYSICIAN: The ing physicia

ATTENDING

0

hospital

should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene

MPORTANT: If Item 21 is marked or Item 18

physicial

YYES, NO OR UNKNOWN)

es

160 WAS DECEASED EVER IN U.S.

ARMED FORCES

(IF YES, GIVE WAR OR DATES)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢

8	3	3	3	4

Route 1, Box 95

STATE

I - STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 0 4
1. DECEASED NAME (TYPE OR PRINT)	MIDDLE	yst o o	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
JAV.	L Warfield	RIPPEON	July.	1:80 8.00 PN
3 SEX A A	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR IF UNDER 74 HRS
Male	$\mathcal{N}_{ ext{hite}}$	March 18, 1923	3 56 yrs	MONTHS DAYS HOURS MIN
7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Frederick	County. MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
rederick Waryana	Frederick M	l <mark>emorial Hospit</mark> a	TYPE OF WORK FOR MOST OF WORKING	Building
USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e STREET ADDRESS	
	3		Route 1, Box	95, Mt. Airy
14 FATHER'S NAME		15. MOTHER'S MAIDEN NA		P
Bradley	Taylor Rin	peon Maude	WIDDLE	Brown

PART I. DEATH WAS CAUSE	ly one couse per line for (0), (b), and (c) D BY E CAUSE (a)		BETWEEN ONSET AND DE
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	MULTAORME	8 month
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	RIGHT CE	REBRUM.

17 INFORMANT

Ruth E. Rippeon:

underlying couse lost

166 SOCIAL SECURITY NO

212-16-8070

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 HEMIDIFGIA

1161111100911			
19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
1970	BRAIN TUMOR	VEC	IN CERTIFYING CAUSES OF DEATH?
11/9.	1 2 2 2	YES NO	YES /V IT NO
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE	HOUR A.M. MONTH DAY YEAR	NA	

211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARME CITY OF TOWN COUNTY WHILE NOT WHUE

270 I certify that (I) (this baspital) attended the deceased from saw the deceased alive on 2005 sow the deceased alive on Security obove, (1) (we) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN I

22d PHYSICIAN'S NAME 22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION CITY OR TOWN Gardens Resthaven Mem. Fred REGISTRAR 256, REGISTRAR'S SIGNATURE

BP

DHMH - 16 60M 1/75 (VR A 15 (4))

ELO Sussimilario de la Companya de l

ALLESS CONTROL CONTROL DESCRIPTION CONTRIBUTE CONTROL CONTROL

ryland Frederick at. Ly . A mosta . Lo R. Lander

north to it we glo weight without wellbein

and the second second

range of the compression, recognisted, the

FOR - STATE REGISTRAR

1 DECEASED NAME (TYPE OR PRINT)

TO. BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Frederick

Maryland

(YES, NO OR UNKNOWN)

22b. SIGNATURE

22d. PHYSICIAN'S

Burial

230. BURIAL, CREMATION, REMOVAL

14 FATHER'S NAME David

No

edicol

the

or other troumotic

0

Hygier

If Hem 21 is morked or Hem 18

MPORTANT

Frederick, Md.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:

13b COUNTY

3 SEX

Gertrude

4 RACE

Frederick

MIDDLE

(IF YES, GIVE WAR OR DATES)

7h CITIZEN OF W

	DEPARTMENT OF H	E OF MARYLAND	IENE 8 0 1	8 3 3 5
le	Victoria Robe	ICATE OF DEATH	REG. NO.	
	MIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(MCTURIA ROS	KRISON	7	9 80 6 5AM
ACE	S DATE C MONTH		6. AGE (IN YEARS LAST BIRTHDAY)	
CITIZEN C	DE WHAT COUNTRY? 8	- A MENER WARRIED A	9 BALTIMORÉ CITY OR COU	NTY OF DEATH
Uni	ted States WIDOW	7	Frederick	MD.
(IF NOT IN	OF HOSPITAL, NURSING HOME C SUCH FACILITY, GIVE STREET ADDRESS) Ederrick Memoria		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Nurse	12b. KIND OF BUSINESS OR INDUSTRY
erinstituti erick		13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 9 Lumbard	St.
LE	Smith	Gertie	MIDDLE MIDDLE	Smith LAST
FORCES	? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
OR DATES)	212-03-3032	Linda Taft	902 Cher	okee Trail Fred.
ne couse p (: AUSE (a)	per line for (o) (b), and co.	ie heart	dereare	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO.	OR AS A CONSEQUENCE OF	yearlist	infarction	2ylus
DUE TO,	or as a consequence of	A	/	
(c)_				
DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or condition	GIVEN IN PART 1(0)

IMMEDIATE CAUSE (a)____ DUE TO, OR Conditions, if ony, which (b)____ gove rise to immediate couse 101, stoting the DUE TO, OR underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CO CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER! 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased live on obove, (1) (we did (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

PHYSICIAN DIRECTAL

ATTENDING

DHMH - 16 60M 1/75 (VRA15(4))

24 FUNERAL DIRECTO 1201 N. Market, Fred. Md.

July 11, 1980

Weller's U. M. Frederick Maryland Thurmont 259 DALE REC'D.

STAFF

DIRECTOR PHYSICIAN

23d. LOCATION CITY OR TOWN 22c. DATE SIGNED

E. Dailer & Son Funeral Homes Robert

2 2 6 9 1 1 0 3 7 1 1 1 3 3 3 5 1 1 1 2 3 3 3 5 1 The second secon

STATE OF MARYLAND

	1 -	STATE REGISTRAR					ICATE OF DEATH	REG N	10	3 3 3
		CEASED NAME OR PRINT)	FIRST	e H	uston	F	obinson	2a DATE OF DEATH	MONTH DA	4-80 F
	3.56	MALE		WHITE		S DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR IF U
40	199	ABAMA	FOREIGN 7	U.S.A.	WHAT COUNTRY?	8 MARRIE WIDOWI	D X NEVER MARRIED	9 BALTIMORE CITY OF FREDERIC	OR COUNTY	OF DEATH
1.4		TY OR TOWN OF DE			HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12 PUSHAL OCCUPAT (TRELLIFE COST OF TOUR OF TO	ION OF WORKING LIFE) ician	12b KIND OF BU INDUSTRY Motorola
36	13a. S	AL RESIDENCE (IF NUI STATE Aryland	136 COUNT Frede	Υ	13c CITY OR TOW Mt Airy	/N	134 INSIDE CITY LIMITS?	Route 5 V	alley	A _l View Apts
200		CHARLES	MI	DOLE R	OBINSON		15 MOTHER'S MAIDEN NA FIRST ANNIE	ME	C	OOPER
1	16a. V	VAS DECEASED EVE NO OR UNKNOWN)	R IN U.S. ARM	NED FORCES?	166. SOCIAL SECU 579 22 8		17 INFORMANT Louise V. Ro	binson Sam		13 (Wife
y intqu'y, ar sam	TION		e last. GNIFICANT CO	(c) ONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON		
2	TIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES	WERE FINDINGS ING CAUSES OF E
2	CAL CERT	21a. ACCIDENT WAS US OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DEATH	n	DF INJURY .m. MONTH D. .m.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PAI	RT 1 OR PART 2)
0 000	MEDIC	AT WORK TO MAT W	CT see		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY
D .						-				
om 51 it mo		22a I certify that (aw the decea shave, (1) (we)	sed alive an_	07/12	4 19_	45.	nd that in (my) (aur) apinian	, tadeath accurred an the d	late and haur	9 5 , that and from the cause
AND IT THEM 21 IS THE	/	aw the decea	sed alive an _ (did) (did nat)	view he body	4 19_	45.	DEGREE ATTENDING		FF	and fram the cause
MPDRIANT IF them 21 is mo	23a. E	aw the deced obave, (1) (we) THE SIGNATURE	sed alive an _ (did) (did nat)	view the body	Rouse	4	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STA	CIAN []	and from the cause

DHMH - 16 60M 1/75 (VRA 15(4))

BP

ATTENDING PHYSICIAN, The

TO HOSPITAL

ined by the hospital ar attending physician

of along the metalades was the first of the property and appropries the said will relieve to the control of the control (at 12) It was not constitute Y at the constitute of the constitut

because we prefer a first to

after

24

corbonpapers. Pages 1

a

and Mental Hygiene priar to as the burial-tronsit permit.

of Heolth

far use

certificate has

After this

PHYSICIAN: The attending physician

ATTENDING

ö

etained by the hospitol

BP

TO HOSPITAL

or ather traumatic

attending

	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0 1	8 3	3 7
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
eoth	(TYPE OR PRINT) EARL	WALTER	RUSSELL	7 2	109 6	9 A
9	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
rs off	M	W	MONTH DAY YEAR	Y S YRS	AONTHS DAYS	HOURS MIN
2 :0-	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
100	Virginia	U.S.A.	WIDOWED DIVORCED	Frederick		
划上	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF INDUSTRY	BUSINESS
Not	Frederick	Frederick Mem	orial Hospital	President	H.F.C	lommin
old be	USUAL RESIDENCE (IF NURSING HOME (136, STATE 136 COL		E ADMISSION) /N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	catio	ns
Short Short		ederick Freder	ick YES X NO	1418 Taney Av	re.	
d 2	14. FATHER'S NAME FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST	

Roland Ruth Russell Russel 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Fred., Yes, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Korean Taney Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY ANTERO SEPTAL WK IMMEDIATE CAUSE A CONSEQUENCE OF SCHEMIC DISEASE Conditions, if any, which gove rise to immediate (a), stoting VSNTRICULAR ANEURYSM underlying CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION The PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK (this hospital) attended the deceased f and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated d not mey the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING . PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22e. ADDRESS 21701 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY STATE COUNTY

Resthaven

Gdns

Mem.

Fred

/31/80

GDStauffer, Rt. 10, Box 66, Fred.

IMPORTANT: If Item 21 is morked or Item 18 sho FUNERAL DIRECTOR. shauld be detoched with the State Dept. 0

Burial

24. FUNERAL DIRECTOR

DHMH - 16 60M 1/75 (VR A 15 (4))

515010 irrinia Prederick Prederick emorial ospisal President ... Communiarvland rejerion trederion x 141 aregure. ussell muti alor esell loland orear ar 17'-2'- 32 ut ussell, 1,1 a e 103., Water British and Control of the Con

urial 731 mossero e. d.s. pap. gro-

The same	THE RESERVE	B. The Control	
7		ma _66 _16 &2 38 _ 1	
12 362 383 483	X	.1.8.	inel -e
neer iii entrol	iell	and remember A All Many	et desir.
	y = 4047 X	reading inclination of	a relien
dreît.	62.[1	and doing on, ar.	111:a
	arraret schaefer	225-1,2-0936	0
7 7	330 		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4-	_			
Ü	8	3	3	9
7				3.5

- ST RE	ATE GISTRAR			our Allin	CERTII	FICATE OF DEATH		REG NO).	0 3	3	7
I. DECEA	SED NAME	FIRST	- 1	MIDDLE		LAST	20	DATE OF DEATH	MONTH	DAY YEAR	26 HO	UR
	Alm 1	7	Chr	sTine		Semler	-	7/11/80			15	73 7M
3. SEX			4 RACE			OF BIRTH		AGE (IN YEARS LAST BIRT		MONTHS DAYS		R 24 HRS
	'emale		White	е	Jar	i. 12 191	-	63	YRS			
7a BIRTH	PLACE (STATE OR F	OREIGN		WHAT COUNTRY?	MARRIE	D MEVER MARRIEL	0 0 91	BALTIMORE CITY O	_	TY OF DEATH		
	labama		U.S.A		WIDOW	ED DIVORCE	D 🗍	Frederic				MD.
10 CITY C	OR TOWN OF DE	HTA		HEACILITY, GIVE STREET		OR OTHER INSTITUTIO		USUAL OCCUPATI	ON F_WORKING	12b. KIND		ESSOR
-	ederick		Frede	rick Memo	rial	-	.(rpe of work for most of Cafeteria	Mngr	•		
USUAL R 130 STAT	E	136 COUN Frede	TY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Frederic	N	134 INSIDECITY LIMI	ITS? 13	STREET ADDRESS 9032 C Ha	mbur	g Rd.		
14. FATHE	R'S NAME		uppus.	1147		15. MOTHER'S MAIDE	ENNAME			P* 6		
	Samuel	,	Aaron	Perki	ns	Linda		WIDDLE		Will	emsi	
	DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS			
	O OR UNKNOWN)	(IF YES, GIVE	WAR OR OATES)	123-14-75	534	Mr. The od	dore S	Semler, Fr	eder	ick, Md		
18.	CAUSE OF DEAT	H (Enter on	y one couse per	line for (a), (b , one	d n	0 (7	7	1	APPRO BETWEEN	XIMATE INTE	RVAL D DEATH
	PART I. DEATH W		D BY: E CAUSE (0)	Genera	lina	of met	and	asen &	mon			
	1749	7		r as a Onseoue	NCEOF		1	1 8				
C	anditions, if any	, which	(1b)	Ellenot	are	inoma	06	The br	casi	7	year	~
9	gave rise to immediate couse (a), stating the DUETO OR AS A CONSEQUENCE OF											
01	nderlying couse	last	100				185					
	RT 2 OTHER SIG	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMINA	AL DISEASE OR CON	DITION G	IVEN IN PART	10	
<u>و</u> _												2011
CERTIFICATION 190	DATE OF OPERA	TION	19b COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	j	YES NOTE	IN CERT	ES, WERE FIND FIFYING CAUSE YES []		TH?
210	ACCIDENT WAS UN		21b. TIME O	FINJURY M. MONTH DA	YEAR		OCCURRED	(ENTER NATURE OF INJUS	RY IN ITEM 16	3, PART 1 OR PART 2)		11
OR (IF	CONTRIBUTING		P.		19							
ш	INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM FTC)	21f LOCATION STREET		CITY OR TOV	٧N	COUNTY		STATE
AT V	WORK AT WO	ORK			0		-0	0 0		0.4		
220	I certify that (I)		0 //	e deceased from_	Jan	~ /0 19_	11	to July	/(, 19	, that (I)	lost
	sow the deceas above, (I) (we) (ed alive an, did) (d id as	Juny.	1 19 F	, 0	nd that in (my) (op	pinion deo	th ofcurred on the do	ate and h	our and from th	e couses st	toted
22b	SIGNATURE	1/	0/	7		DEGREE		UEDICAL STAT		22c. DAT	ESIGNED	
	/ fen	my /	. Ch	are 1	m 1) ATTEND	IAN D	MEDICAL STAI		July	16.1	280
22d	PHYSICIAN'S N	AME (TYPE OF	PRINT)			22e ADDRESS	11	1	1	01	. 1	12
1	tenru	2 V.	Cho	ase M.	0 8	04 /0/1 F	tous	eAVe1	rre	derig	1/ /4	W
(SPECI	AL, CREMATION,	REMOVAL	July	14, 1980 M		ivet Cem.	TORY	23d LOCATION Frederic	k I	Frederic	ck M	M.
	RAL DIRECTOR	-	J 4420	-,,-,-			50. DATE RE	C'D. BY REGISTRAR	25b. REG1	STRAR'S SIGNA	ATURE	
		tauffe	er, Rt.	10, Frede	rick,		1111	1 7 1000	0	4 1	0	
	3						JUL	T (1280	pro	Frank Bills	11.	

DHMH - 16 60M 1/75 (VR A 15 (4))

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the the should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

injury, ar other traumatic event, the medical exa

IMPORTANT: If Item 21 is morked or Item 18 shows ony

E 1 6 1 Company to the company of th and the state of t reduction of the state of the state of the state of tion of specific and the second of the secon Maria Language and the language of the second service of

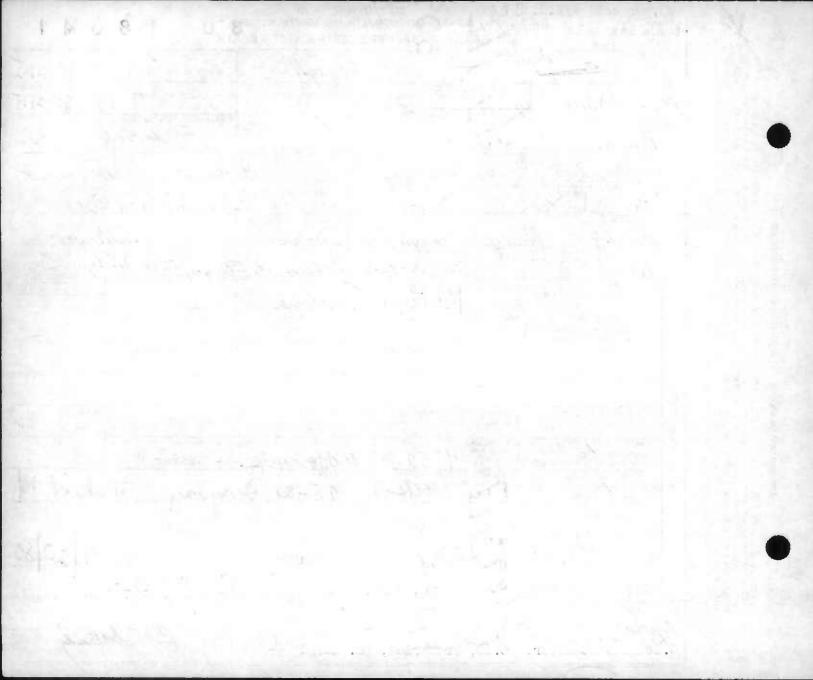
2	1	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. N	18340
	(TYP	CHARL	IARLES THOMAS	SMITH ST.	2a DATE OF DEATH	7 4 80 356
	3 SE	MALE	WHITZ	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS
197		RTHPLACE (STATE OR FOREIGN 7 OUNTRY)	LE C A	MARRIED NEVER MARRIED WIDOWED DIVORCED		OR COUNTY OF DEATH
Find of		ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	
a Tolland	USU	AL RESIDENCE (IF NURSING HOME OR C	Frederick Mem	ADMISSION)	farmer	dairy
\$5	Ma	ryland Fred			Route 1	Box 367
Colexamin	14. F.	F/RST M	R. Smit	FIRST	MIDDLE B.	Virts
medical		VAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b SOCIAL SECUR	RITY NO. 17 INFORMANT	Rt ADDR	1° Box 367 ederick, Md.
y injury, or other tro	TION	Conditions, if ony, which gove rise to immediate couse io, stoling the underlying couse lost PART 2. OTHER SIGNIFICANT CO	Diabetes	EATH BUT NOT RELATED TO THE TERM		
Shaws and	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH O	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
Item 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART 2)
orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 21f. LOCATION STREET	CITY OR TO	WN COUNTY ST.
Hem 21 is m		220.1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not) 22b SIGNATURE	7 - 4. 19	OPEGREE 19	deoth occurred on the d	19
# ::		22d. PHYSICIAN'S NAME HYPE ORI	PRINTI	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	REDSPICK MOZI
ZY					mic In	(911/121/1/ 1.0)
IMPORTANT	220	S PRINCIPAL CREMATION REACYAL	1234 DATE 1234 N	S35 FARIK	11/2	USINA MUZI
IMPORTAN	(URIAL, CREMATION, REMOVAL SPECIFY Burial MERAL PRECTOR		AME OF CEMETERY OR CREMATORY entral Cemetery	23d LOCATION CITY OR JOWN	COUNTY ST

STATE OF MARYLAND

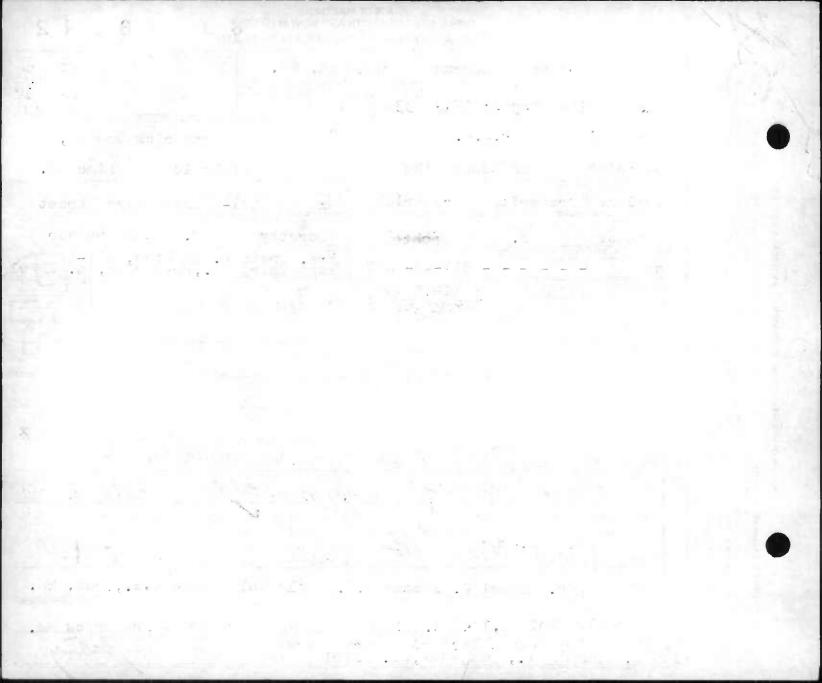
804 man and the should be a state of To make the control of the Control o in a substitution of the s tol jok Cod tretter t Tention

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2. AND 3 TO THE FUNRRAL! PAGE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YC TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED, WITHIN AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENIAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTOR BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	BP

1- STATE I tem 21c G547 9/4/DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 2 3 4 1
REGISTRAR dad MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
1. DECEASED NAME (TYPE OR PRINT) 1. DECEASED NAME (TYPE OR PRINT) 20. DATE KNO OF EST DEATH DEATH	THE MILE CA LANS
3. SEX 4. RACE S DATE OF BIRTH 7/55 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21 DATE MONTH 6 DAY 17/LEARS 18 SIGNIFICANY MONTHS DAYS HOURS MIN PRONOUNCED DEAD	MONTH DAY YEAR 24. HOUR
7 2 5 7 10. BIRTHPLACE (STATE OR FORESCOUNTRY) 7. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE	CITY OR COUNTY OF DEATH
	ON (TYPE OF WORK 12b. KIND OF BUSINESS
15 - 80 Praguray Mechanic	Automobile
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BY ORE ADMISSION) 136. STATE 136. CQUNTY 136. STREET ADDRESS YES NO	1:1/20) =
THE FIRST MAME MODILE MAST IS MOTHER'S MAIDEN NAME MIDDLE	illapa VIII
3 27/61 Charles Henry Stough IT. Delores	Bollinger
0 7	ZLESO Willapa Dr.
18. CAUSE OF DEATH (Enter only one couse per line for part I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	
Z L Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	
Couse (a) stoting the under- lying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc.	
SOURCE OF OPERATION TIPE CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
A THE STATE OF OPERATION AND LOS AND L	YES NO
196. DATE OF OPERATION 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. DATE OF OPERATION 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. HAVE A LIVER OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 216. HAVE A LIVER OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR DEATH P.M. 216. LOCATION 216. LOCATION 216. LOCATION STREET CITYOR TOWN	N ITEM 18 PART 1 OR PART 2)
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 7 20,80 Morrule - Dri	ver
WHILE AT WORK AT WORK AT WORK AT WORK DEET, FACTORY, THE FIGURE STREET 5-80 DroguM	Fellevell my
22a. I certify that I took charge of the remains described above, help an Autopsy . Inspection . Majury	, ond in my opinion
deoth resulted from Notural couses Accident D, Suicide D, Homicide D, Undetermined monner	
ACTUAL SIGNATURE TITLE (SPECIFY) ACTUAL SIGNATURE THE NUMBER OF THE SPECIFY MEDICAL EXAMINER	R DATE T DO SO
EXAMINER'S NAME Robert J. Thomas, M.D. ADDRESS Frederick, M.	se Ave.
236. BURIAL, CREMATION, REMOVAL 236. DATE 1 236, NAME OF CEMETERY OR CREMATORY 236. LOCATION	LIAIR THUODA
BP Buria 17/23/80 Susquehanna Memorial 21 Filmer De De Stantier 21 Filmer 21 Film	AGENTA NOTE
IMME II	CARTERIOR FOR THE ARREST



(VR A15 ME (5)) 30M 7/73



0.	nin 24 haurs ofter death. Page Limburk-	ly filled in by the funeral direct mans should be filed within 72 haurs
	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the deoth certificate be executed within 24 haurs offer deoth. Page Limb betweetined by the haspital or offending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral direct should be detached for use as the buriot-transit permit. Then please remaye corban papers. Pages 1 and 2 should be filed within 72 haurs with the State Deat of Health and Mental Houene prior to buriot, cremotion, or removal.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I et orined by the hospitof or offending physician.	TO FUNERAL DIRECTOR: After this certification is should be detoched for use as the burial to with the State Deat, of Health and Mental

iner must be notified of onc

with the State Dept. or neoun one mentor organizer.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical-arguments.

STATE OF MARYLAND 3 DEPARTMENT OF HEALTH AND MENTAL HYGIEN 8

	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	8 3 4 3
	1. DECEASED NAME (TYPE OR PRINT) Danie	Sa>	vley We	Ybright	2a DATE OF DEATH MONTH	16. 1980 6 18 M
	3 SEX Male	4 RACE White			6 AGE (IN YEARS LAST BIRTHDAY) XXX 87	
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.	A. MARRIEI		9 BALTIMORE CITY OR COUNTY OF THE SERVER COUNTY OF T	OUNTY, MD.
	Frederick	Frederic		lospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Manager	126 KIND OF BUSINESS OF INDUSTRY eed and Farm Supplies
7		NTY 13	ve residence before admission) at. CITY OR TOWN Thurmont	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 42 Summit Ave	enue
)			WEYBRIGHT	Anna	Ellsworth	SAYLER
,	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GO	VE WAR OR DATES)	216-03-7584		aniel S. ADWeybri	ight, Jr.(Son), Cockeysville, Md. APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL
	Recent from 190. Date of operation July 9, 180 210. Accident was underlying	DUE TO, OR A ICI CONDITIONS CON FIVE DEFI	This I	NOT RELATED TO THE TERM THEY Trahanta N WAS PERFORMED	INAL DISEASE OR CONDITION (FRACTURE 200 AUTOPSY? YES NOT RED (ENTER NATURE OF INJURY IN ITEM	GIVEN IN PART 1/0 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\sigma \cdot \sigma \sigma \cdot \sigma \sigma \cdot \sig
	WHILE NOTWHILE AT WORK A WORK	21e PLACE OF (AT HOME, STREET	reactory, office, farm, etc.) while deceosed from	211 LOCATION STREET 42, Smm it B, 19 BD and that in (my) (our) opinion of DEGREE	CITY OR TOWN	COUNTY Frederick, Maryland 19 D., that (I) (we) lost hour and from the couses stated 120. DATE SIGNED They 16, 1260
	750 - Shiung	Wil			th. street. Free	derick, Md. 2170/
	230. BURIAL, CREMATION, REMOVA Burial	7/17/80	Blue Ri	dge Cemetery	Thurmont, Fre	
	104 East Main St		11ex Euneral	,	FREC'D. BY REGISTRAR 256. REC	STRUKENIA DE LA CONTRACTOR DE LA CONTRAC

DHMH - 16 60M 1/75 (VRA 15(4))

104 East Main Street, Thurmont, Maryland

BP.

 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours aftwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or ather traumatic event, the medical examiner

notified

within 24 haurs ofter

death certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the haspital or attending physician.

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

0	- 1	0	7	1	
0		0	0	and .	- 4.

- STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. NO	1 O	3	~ ~
I. DECEASED NAME GFIRE A	DYS	WIRGINIA		LASTW LLES	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
GLADY	5 U	Rigirin	4	NILES	1227	3,19	950	1:30 N
3 SEX	4 RACE		5 DATE		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	
Female	White		Feb	ruary 8 1903	77	YRS	NTHS DAYS	HOURS MIN
TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D MEVER MARRIED	9 BALTIMORE CITY O		DEATH	
Maryland	U. S	. A.	WIDOW		Frederi	.ck		M
10 CITY OR TOWN OF DEATH			IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	NO	126 KIND C	OF BUSINESS OR
Frederick	Frederi	cheacility, give street,	ial H		Housewife	WORKING (IFE)	INDUSTRI	
USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b COU laryland Fred	OR OTHER INSTITUTION JUNTY erick	13c. CITY OR TOW Frederic	N	13d INSIDE CITY LIMITS? YES MO	Nest Patric	k Ext.		
14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	42	1.41	CT.
John	Middle	Beachley	y	Laura			Ahal)
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	Freder	ick,	Maryland
No No	IVE WAR OR DATES!	215 36 70	069	Charles I. V	Wiles, Sr. We	est Pat	rick	St. Ext.
Canditions, if any, which gove rise to immediate cause ia stating the underlying cause last	DUE TO, CONDITIONS C	pertensi.	ARENCE OF	TERY THRONE I NOT RELATED TO THE TERM PARAGO - MASCU IN WAS PERFORMED	BOR'S	EME 20h IF YES, W	VERE FINDIN	
TIFE					YES NO	YES	4	NO 🗆
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	R) PLACE	OF INJURY .M. MONTH DA .M. OF INJURY TREET, FACTORY, OFFICE, F	19	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE
WHILE NOT WHILE AT WORK			P (N 2	1				
220.1 certify that (1) (this hes saw the deceased plive of obave, (1) (worldid) (did 22b. SIGNATURE	in_ 2_ /	ULY 19	SE17	nd that in (my) (and opinion of DEGREE	death occurred an the do	ite and hour or	nd from the	that (1) (1) lost causes stated ESIGNED
	10	11	1.		MEDICAL STAR	F	3.	un ca
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	at he	(1.0	22e ADDRESS			100.	, , ,
George	e I. Smi	th, Jr. M.	D.	Toll House A	venue, Fred	erick,	Mary	yland
130 BURIAL CREMATION, REMOVA (MEGR) Burial	July 7	Park.		ck Memorial P	ark Frederi	ck Fre	deric	ck "Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

254 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

106 Hast Church Street, Frederick, Maryland JUL 9 BLOCK TO STATE OF BUILDING CONTROL OF THE STATE OF THE ST and the last two To the selection of the second

in and completely filled in by the figes 1 and 2 should be filed within

other traumatic event, the me

STATE OF MARYLAND

- STATE REGISTRAR	PEI AR	CERTIFICATE OF DEATH	REG. NO.	, 0 0 4 5
I. DECEASED NAME FRST (TYPE OR PRINT) Cather	ine B.	WILLS	July 16, 1	980 PAR 25 HOUR
3. SEX Female	White	Dec. 29 1898	6 AGE (IN YEARS LAST BIRTHDAY) 81	MONTHS DAYS HOURS MIN
Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	liles a diagonal a la	
Frederick	Frederick Me	morial Hospital	TYPE OF WORK FOR MOST OF WORKIN	
		wn 134 INSIDE CITY LIMITS? Stown YES □ NO 🗷	Bex 73, Buc	keystown, Md.
14. FATHER'S NAME FIRST A Alonza	P. Marsh	15. MOTHER'S MAIDEN N	MIDDLE	Mereleck
16a WAS DECEASED EVER IN U.S. AR/ IYES, NO OR UNKNOWN I IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 212-10	. 10/122 . 10/122 .		712 Edgewood Maryland
PART I. DEATH WAS CAUSEI	by one cause per line for (a), (b), o BY E CAUSE (a) DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c)	e mostulare within	thimbosés .	BETWEEN ONSET AND DEATH 36 WOULD
PART 2 OTHER SIGNIFICANT C	Orelialt	DEATH BUT NOT RELATED TO THE TE	20a AUTOPSY? 20b. 16	GIVEN IN PART 1(a) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
] 21b TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	YES X NO U	YES NO
OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this haspit saw the deceased alive an abave. (1) (and (did) (did not	ty yew the bady after death.	0/1	n death occurred on the date and	haur and fram the causes stated

224 PHYSICIAN'S NAME LTYPE OF PRINTS Jr.MD Bernard 0. Thomas,

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 228 ADDRESS

North Market St., Frederick, Md.

y Frederick 230. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY

Mt.Olivet Cemet July Frederick Md. Cemetery 106 E. Church Keeney Bastord Fu St., Frederick, Md. Fu ral I Id. 21701 H SMEATE REC

BP DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bu MPORTANT: If Item 21 is marked or Item 18 shows

After this certificate has

TO FUNERAL DIRECTOR:

6 P 6 8 1 8 C 8 seine man of the state of th The street of the second "Jand reserved by the a getting - a getting the land enter dansk . once Sometime with the standards of the standards Scientific Orient Services west-with lawised 18 21 Good 100 proses 21 July personal of I consider Mills Control of the contro

	(1996	CEASED NAME	G	race	wicose Wi	negar	dner	July		1980	21/
	1.563	BUSINES.	- 1 3	4 RACE			OF BIRTH	A AGE (NITIANS LAST R		FUNGIFURA	-
	1.56	Female	1	W		aircus.			VRS	5 BAYS	HO
		RTHPLACE (STATE ON)	ORION 7	h CITIZEN O	F WHAT COUNTRY	1	ED NEVER MARRIED	BALTIMORE CITY		-	-
13	I	Frederic C		US	Control of the Contro	WIDOW	EDX DWORCED		erick		
30	10. C	ITY OR TOWN OF DE	ATH		F HOSPITAL, NURSII UCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	176 USUAL OCCUPA (TYPE OF WORK FOR MOST		125 KIND C	OF BU
14		rederick	Mci.	Fred	erick Nur	sing	Center	TALLO SERIO CONTROL			
35	lla S	AL RESIDENCE (# HUR STATE	Frede	TY	Thurmont	MN	YES X NO	143 North		11 St.	
	14.77	ATHER'S NAME		All Control of the Co	4-14-14-14-14		TS. MOTHER'S MAIDEN NA	ME		£ .	
20		Mauri		10016	Baxter		Dorothy	Viola	14	Crise	No.
	16s. V	WAS DECEASED EVER	IN U.S. ARA	AED FORCES	164 SOCIAL SEC		17. INFORMANT	ADD	RESS	Andrew Carrier	
1		NT-	10.112.0.11	AND CANAL	215-14-1	1066	Joseph M.W.	inegardner	Frede	ricksbu	ir i
		783 6 Conditions, if any gave rise to im cause to state	mediate	OUE TO	Flend Sund	IENCE OF	letulite	aufali	ane	eda	y
2	FICATION	gave rise to im	which mediate ng the e last	DUE TO S	Henry Milas Wood	s-l file DEATH BU	Consului Consului Diografia Di The TERM DI WAS PEREGRAED	Course of the property of the	IN CERTIF	e da	S OF I
29	CAL CERTIFICATION	gave rise to im- couse (a) stati- underlying coust	which mediate ng the relast. NIFICANTO	DUE TO DUE TO ISSUE ON THE CONTROL OF THE CONTROL O	Henry Milas Wood	DEATH BUT	21s. HOW INJURY OCCUR!	VES NO NO	IN CERTIF	WING CAUSE!	S OF I
29	MEDICAL CERTIFICATION	gave rise to im- cause iol. stati- underlying coust PART 2 OTHER SIG 19t DATE OF OPERA THE ACCIDENT WAS UN- OR CONSENSITING (HEITHER, NOTIFY MEDX 21d INJURY OCCUR.	r, which mediate ng the r lost. NIFICANT CO. THON CAUSE OF DEAL CAUSE	DUE TO. DUE TO. ONDITIONS OF THE PLACE TH	CONTRIBUTION TO DITIONATOR WHICH OF INJURY A.M. MONTH D	DEATH BUT	21s. HOW INJURY OCCUR!	VES NO NO	IN CERTIFY YE	WING CAUSE!	S OF I
29	100000	gave rise to im- cause iol. stati- underlying coust PART 2 OTHER SIG 19t DATE OF OPERA THE ACCIDENT WAS UN- OR CONSENSITING (HEITHER, NOTIFY MEDX 21d INJURY OCCUR.	Which mediate ng the relast. NEFICANTAL ATTION CAUSE OF DEAT CALEED OF DEAT	DUE TO DUE TO ICE ON THE CON THE CON THE PLACE OF THE PLA	OF INJURY A.M. MONTH D P.M. MONTH D P.M. STEEL FACTORY OFFICE. The decoyald from.	DEATH BUT DEATH BUT H OPERATIO	21s. HOW INJURY OCCUPS 21s. LOCATION 21steet	VES NOSE	IN CERTIFY YE	PING CAUSE ART I ON PART 21 COLINTY	that
29	100000	PART 2 OTHER SIG	Which mediate ng the relast. NEFICANTAL ATTION CAUSE OF DEAT CALEED OF DEAT	DUE TO DUE TO ICE ON THE CON THE CON THE PLACE OF THE PLA	OF INJURY A.M. MONTH D P.M. The De Injury Street Factors descent	DEATH BUT DEATH BUT H OPERATIO	21s. HOW INJURY OCCURS 21s. LOCATION 319551 319 310 thg (my) the opinion	VES NOTE NOTE OF THE OF THE OFFI	IN CERTIFY YE ALEX ON THE MALE	PING CAUSE ART I ON PART 21 COLINTY	that 27

STATE OF MARYLAND

DHMH - 16 60M 1/75 (VR A 15 (4)) o a c 8 - U Se reterminante de S c S c S Total Compared to the second of the second o in the constant with the respect of the state of the stat and the following of the state The late of the control of the contr

certificate be

requires that the death

ATTENDING PHYSICIAN: The

TO HOSPITAL OR ATTENDING PHYSICS retained by the hospital or attending physici

	FOR STATE REGISTRAR	DEPAI	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	O	O REG. NO.	1	8	3	4
	ECEASED NAME FIRST DE	A.		VISE	July			YE YE	AR 2b	3:0
3 SE	Male	White	S DATE O	DF BIRTH 1 22 1911	6 AGE (IN YEAR		AY)	IF UNDER 1	_	UNDER
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIE WIDOWE	NEVER MARRIED .	Frede		COUNTY			
F	rederick	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR FROGETICK ME	MOPIS]	ROTHER INSTITUTION Hospital	120 USUAL OF				ND OF B	GOT
M	Maryland Fr	AE OR OTHER INSTITUTION, GIVE RESDENCE BE OUNTY IS CITY OR TO PEDENCE FROM	FORE ADMISSION) OWN rick	YES NO	13. STREET AL	odress Young	g Pla	ace		
	ather's name First Francis	M. Wise		Etta		WIDDIE			der	
16a V	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SE WII 96-01		Mrs. Evely Frederick,	n A. Mary	vise,	2170	02 Y	oun	g I
	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF		-					
CATION	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	TO DEATH BUT		INAL DISEASE		20b. IF YES	, WERE F	INDINGS	S USED
RTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAT	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	TO DEATH BUT	N WAS PERFORMED	200 AUTOP	NO 🔯	20b. IF YES IN CERTIFY YES	, WERE FI	INDINGS USES OF	DEAT
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAT	DUE TO, OR AS A CONSECUTION TO CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHI	TO DEATH BUT		200 AUTOP	NO 🔯	20b. IF YES IN CERTIFY YES	, WERE FI	INDINGS USES OF	DEAT
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONSECUTION TO CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHI	TO DEATH BUT ICH OPERATIO DAY YEAR 19	N WAS PERFORMED	200 AUTOP	NO 🔯	20b. IF YES IN CERTIFY YES IN ITEM 18. PA	, WERE FI	INDINGS USES OF I	S USED F DEATI NO
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTHY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify that (1) (this he saw the deceased alive above, (1) (we) (did) (did) 22b SIGNATURE	DUE TO, OR AS A CONSECUTION TO ONDITIONS CONTRIBUTING TO SECUTION FOR WHITE TO SECUTION FOR WHITE TO SECUTION FOR THE SECUTION OF SECUTION	DAY YEAR 19 CE, FARM, ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET 19 and that in (my) (aur) opinion of the physician of the physici	200 AUTOP YES ED (ENTER NATU 10 death occurred	ISY? NO A INTEREST TOWN On the date	20b. IF YES IN CERTIFY YES IN ITEM 18, PA	COUNT	INDINGS USES OF	ST/
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAM) 210. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK ON THE OBOVE, (I) (we) (did) (did 22b SIGNATURE)	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DAY YEAR 19 CE. FARM. ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET 19 10 d that in (my) (aur) opinion of DEGREE ATTENDING	200 AUTOF YES	NO A INTERIOR INJURY CITY OR TOWN STAFF PHYSICIA	20b. IF YES IN CERTIFY YES IN ITEM 18. PA	COUNT	INDINGS USES OF I RT 2) , tho n the cou	st/ no st/ nt (I) (v uses sto

106 E. Church St., Frederick, Md. 21701

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 haw with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 25M (VRA 15, 4) 1/79

ADSI UST The first State of the state of .van 1911 lann som som sind i Betlegon lanner salmen er melem de len de wife out M. stonard The court of the court of the state of the court of the c Care inventories & goding in 1 the J. W. 2 4 17 OS- F 12 11-0/2 01-5 Ling and the state of the state

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral direct should be detached for use as the burnel-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or remaval.

24 hours ofter death Page

death certificate

requires that the

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician

must be natified at one

medical

r to burial, cromozing injury, or ather troumatic event, the m

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO.

Ľ	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	0 3 4 0
	ECEASED NAME FIRST MIDDLE THOUSENED THOMAS	Wid	20. DATE OF DEATH MONTH TO	S 80 6 50 M
3 SI	male white	5. DATE OF BIRTH MONTH DAY YEAR 77 29 98	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70. 8	SIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED WIDOWED DIVORCED	1 0 00 00	
10. (Frederick, md (IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS)	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	176 KIND OF BUSINESS OR INDUSTRY
130	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE STATE 130 COUNTY 130 CITY OR TO' MOUTH BARNE	WN // 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 22310 old	Hundred Rd
	Clarde Middle Woo	D MARTH	MIDDLE	Mortis
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SEC (YES, NO OR UNIX JOWN) (IF YES, GIVE WAR OR DATES) 577	DONATH MES-	WOUD. BAR	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), a PART I. DEATH WAS CAUSED BY [MMEDIATE CAUSE (b)]	CARDIAC ARR	TLAN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Terminal EVE
	Canditions, if ony, which (b)	VENCE OF Congestion H	east failure	7/11/80
	gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE CONSEQUENCE	UENCE OF Inferior M. I	(7/7/80) Serpedoc (7/	11/80)
NOL	Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Partiple Vasculor dis	DEATH BUT NOT RELATED TO THE TER		
CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHIC	h operation was performed	20a. AUTOPSY? 20b. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\) NO \(\)
	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH (IF EITHER, NOTIFY MEDICAY EXAMINER)	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
h	220.1 certify that (1) (the basis) attended the deceased from saw the deceased olive on 2 2 19 obave, (1) (sa) (did) (argan view the bady after death.	0	n death accurred an the date and have	19 , that (1) (last r and fram the causes stated
	228. SIGNATURE S. J. Jim M.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/25/80
	J. Grissom M.Y.	198 Thomas	Johnson Pr. Svite	4 Fraderick M.
	BUTIA! 7/28/80 /	NAME OF CEMETERY OR CREMATORY	BEAllsulle	Minty. Med.
24. F	We Helt Barnes	Il mol. 250. DA	ATE REC'D. BY REGISTRAR 256 REGIST UL 3 0 1980	RAR'S S'SNA RE

DHMH - 16 60M 1/75 (VR A 15 (4))

TO HOSPITAL

the attending physician

injury, ar other traumatic event, the

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. marked ar Item 18 shows any

at ance.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢

- STATE REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	10.	0 0	-7 /
1. DECEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
(TITE ON TRUNT)	Roger	1	gnatius	Zui	rgable	July 2,	1980		/AM
3. SEX	200	4. RACE		5. DATE (6. AGE (IN YEARS LAST BIF		ONTHS DAYS	IF UNDER 24 HRS
Male	16860	White		Sep	E. 19 ² 1922	57	YRS.		
7a. BIRTHPLACE (STATE (OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland	W.33	U.S.	A.	WIDOW		Freder	ick Co.		M
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OF
Emmitsbu:	rg.		Mt. View			Owner		Hardw	are
USUAL RESIDENCE (IF)	URSING HOME OR	OTHER INSTITUTION	13c. CITY OR TOW		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	-		
Maryland		erick	Emmitsbu		YES NO	17237 Mt.	. View	Rd.	
14 FATHER S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		Į ^{ui} ?	
Thomas			urgable		Mary	V .		Lingg	
160 WAS DECEASED EN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	Emmi 18			27
Yes	WW		220-18-0	310	Irene Zurgah	ole 17237 M	t. View	r Rd.	
Conditions, if a gove rise to cause to), st underlying co	immediate ating the iuse last.	DUE TO: C		DEATH BUT	T NOT RELATED TO THE TERM		20b. IF YES,	WERE FINDIN	NGS USED
21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCC	CAUSE OF DEA	HOUR A	OF INJURY I.M. MONTH DA P.M. OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18, PA	RT 1 OR PART 2)	
	T WHILE		TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE
saw the dec above (11) w	eased live an	t) view the bad	y after death.	k1,1	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS S. Seton	MEDICAL STA	AFF	July	SIGNED 7 2,1980
22- DUDIAL CREATATION	NI DEMOVAL	23b. DATE		NAME OF	CEMETERY OR CREMATORY	236 LOCATION			
(SPECIFY) Buria	1	July	5,1980 1	vew S	t. Joseph's	Emmitsbu	rg, rre	sdertck	. Mu.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After

IMPORTANT: If Item 21 is

TO HOSPITAL OR ATTENDING PHYSICIAN. The la retained by the haspital or attending physician

24 FUNERALDIRECTOR Shiles

Emmitsburg, Md.

JUL 9 1980

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

97.	er (2 7in)	eldini	autt	engl to	
	17	5, 15 3522	18:	ofini	efall
.02	inistrate	X - X		A .8 .0	haalyrs
	'ramio i		,bE wazy	17237 Mt.	Emiliasourus.
.bil. wa.t	117237 11. 7	a a		male of the English	Braferell
tinge X	V ST	V.			non et
FLEW BG.	ble lysaynys.	Inche Zume		22	2
\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.		entra securit			
		و و دود د	St.		
			St.		
Till Silv					